

Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Deals Island* Town *Deals Island*County *Somerset*Date of death *1905*Month *7*Day *28*

Age

Years

Months

Days *9*Sex *Male*Color or  
Race *Black*Birth-  
place *Deals Island*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *Unknown*Father's  
BirthplaceMother's  
Maiden Name *Nettie T Ballard*Mother's  
Birthplace *Deals Island*Name of person giving  
information *Harriet T Ballard*How related  
to deceased *Grandmother*

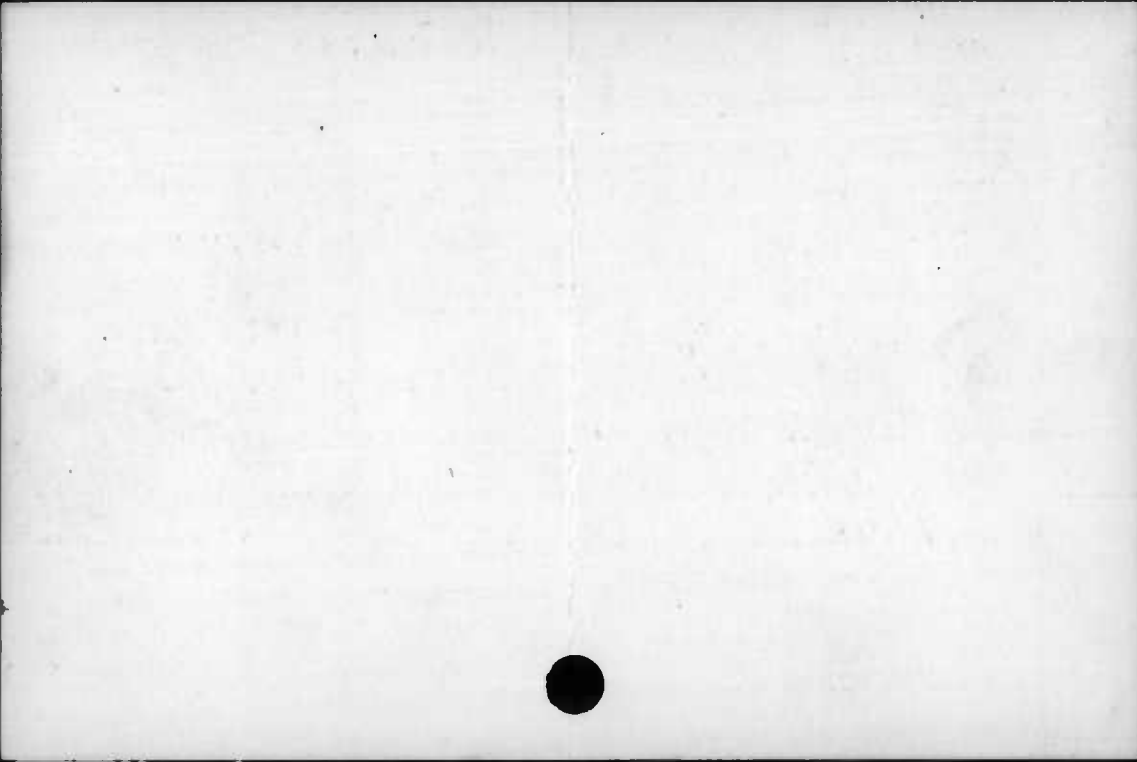
## CAUSES OF DEATH

**64**Primary *Natural Causes*How long *9 days*Immediate *Appalaxy*How long *9 days*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lydia Cattman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Crisfield

Town

Somerset

County

MARYLAND

Date

of death 1908

Month

July

Day

13

Years

Age 47

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Crisfield

Occupation

Domestic

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Geo Cattman

Father's  
Name

Thos Miles

Father's  
Birthplace

Crisfield

Mother's  
Maiden Name

Nancy Thomas

Mother's  
Birthplace

Crisfield

Name of person giving  
Information

S. C. Miles

How related  
to deceased

Brother

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 months

Immediate

Endocarditis

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. H. Stoney M.D.  
Crisfield Md.

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days -
1908		7	27	66		10	25
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Capt & Crab Catcher				Levittfield, Md			
Married, Single or Widowed		Name of Wife or Husband					
Married		Mary Cox					
Father's Name		Father's Birthplace					
Edward (Unknown)		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Edward (Unknown)		Unknown					
Name of person giving information		How related to deceased					
G. T. Simonson		None					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Initial Respiratory	How long	2 to 3 hours
Immediate	Respiratory of lungs	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. T. Simonson	
		Address	
		Levittfield	
		Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

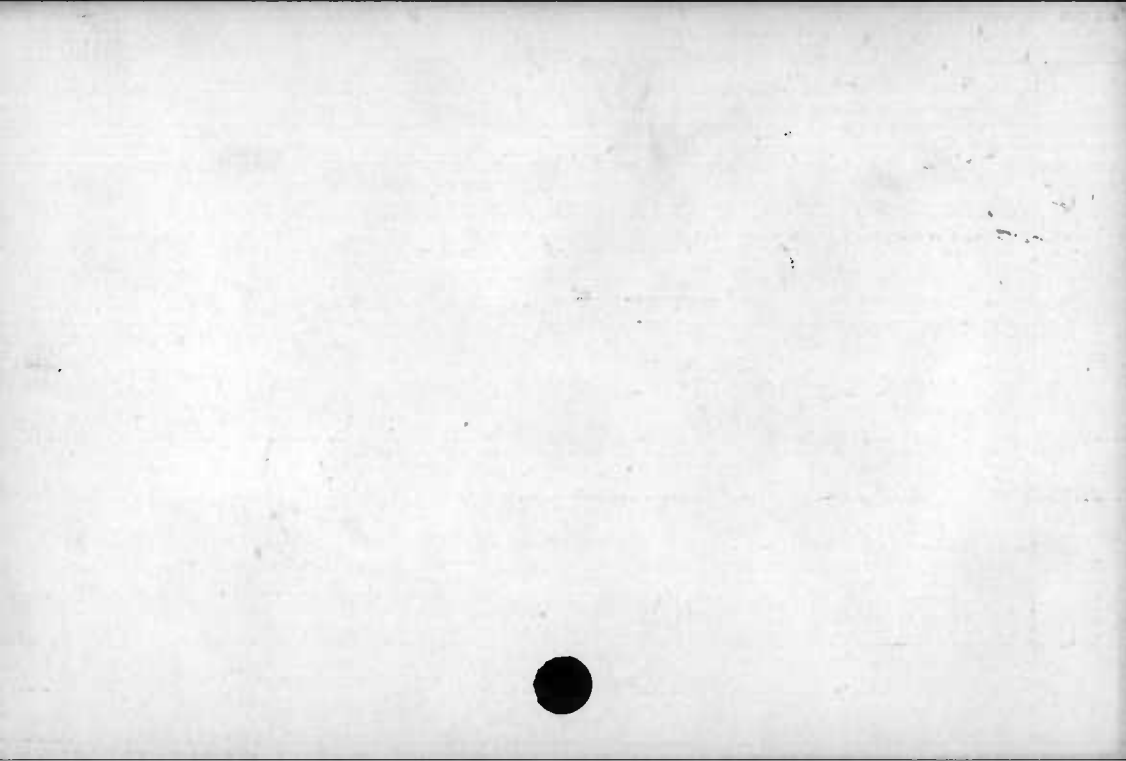
Died at		Town <i>Marion Md</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		7	18	20	20	6	
Sex		Color or Race		Birth-place			
Male		Black		Marion Md			
Occupation				Where Residing if not at place of death			
				Marion			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Lewis Cullen				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Mildred Long				Marion Md			
Name of person giving information				How related to deceased			
Lewis Cullen				Father			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary		How long	
<i>General Exhaustion</i>		1 day	
Immediate		How long	
		1 "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		None	
		Address	
		E A Lankford. Sub Reg	
Accident or Suicide?			
		Marion Md	





Name  
in  
Full

millard Dayton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Victor</i>			Town <i>Victor</i>		County <i>Douglas</i>		MARYLAND	
Date of death	1908	Month <i>July</i>	Day <i>24</i>	Age <i>49</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Ind.</i>				
Occupation <i>Waterman</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Leora Dayton</i>					
Father's Name <i>William Dayton</i>			Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Joe W. Daskul</i>			How related to deceased <i>Brother-in-law</i>					

## CAUSES OF DEATH

How long

*About 18 months*

How long

*3 or 4 days*PHYSICIAN  
OR CORONER

Primary

*Chronic nephritis*

Immediate

*Uremia*

Are the name, age, sex, color, date and place correctly given above?

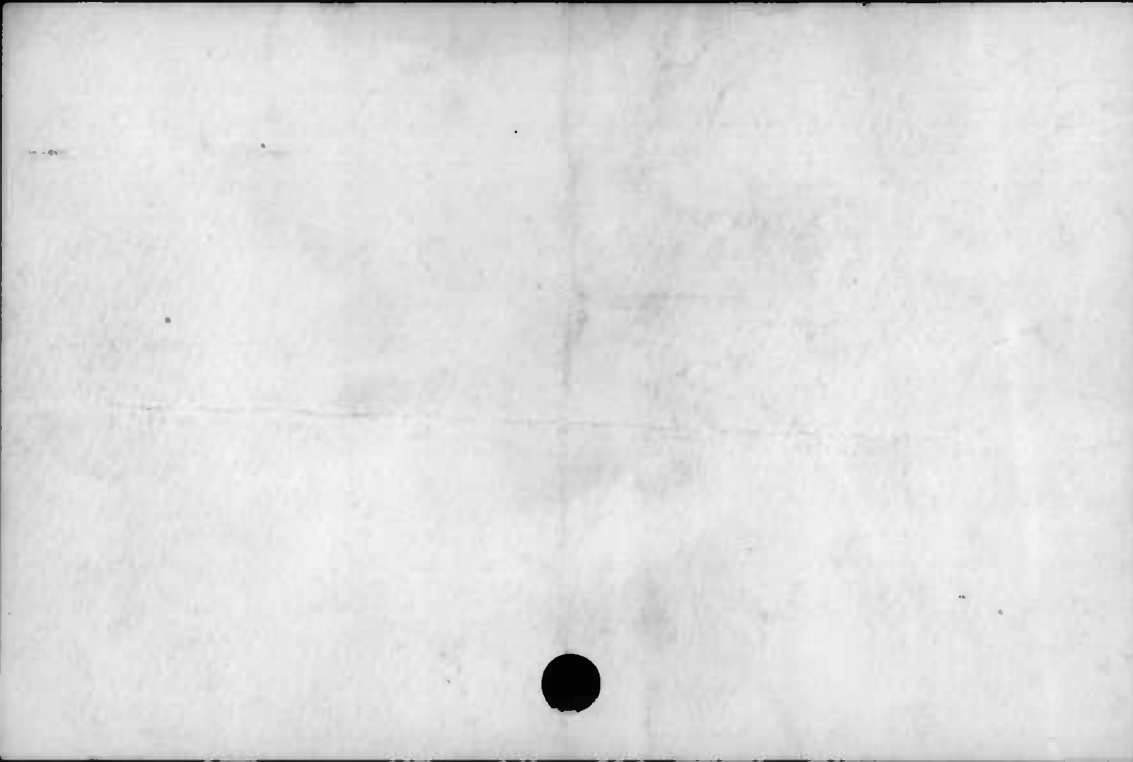
*yes*

Signature of Physician

Address

*Charles Fisher M.D.**Dr. J. J. Jones**Ind.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

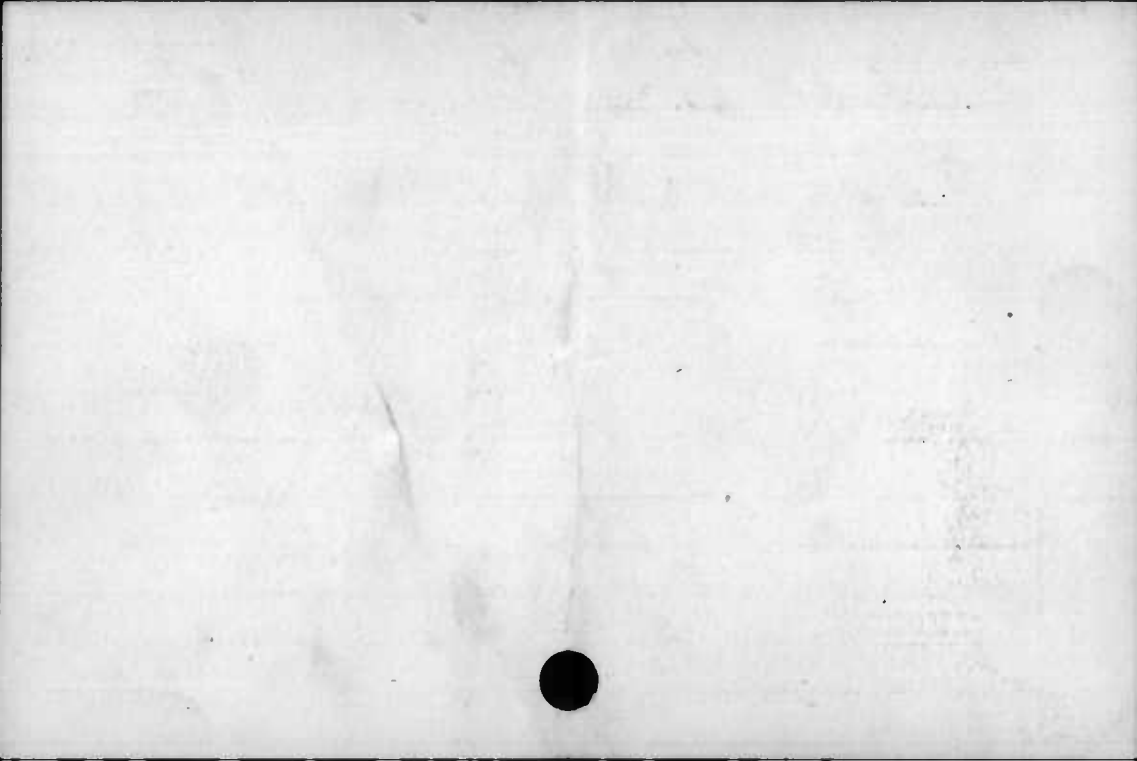
Died at <i>Rehoboth</i> Town <i>William Wyden</i> County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>11</i>	Age <i>2</i> Years <i>6</i> Months <i>1</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>✓</i>		
Father's Name <i>Calvin P. Wyden</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Bessie Carter</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Jefferson W. Wyden</i>	How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Accidental Scald.</i>	How long <i>5 days</i>
Immediate <i>Sudden Collapse</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Crownsville City</i>
Accident or Suicide? <i>Accident</i>	



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name  
in  
Full

May Ellen Coans

CERTIFICATE OF DEATH

MARYLAND

Died at Rhodes Point Town

Somerset County

Date of death 1908

Month July

Day 15

Age 5 Years

Months 11

Days 21

Sex Female

Color or Race White

Birthplace Smiths Pt.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Edward Ayers Coans

Father's Birthplace Smiths Pt.

Mother's Maiden Name Addie Brackshaw

Mother's Birthplace Smiths Pt.

Name of person giving information Ellen Brackshaw

How related to deceased Grandfather

CAUSES OF DEATH

9

Primary Membrane croup

How long 10 days

Immediate

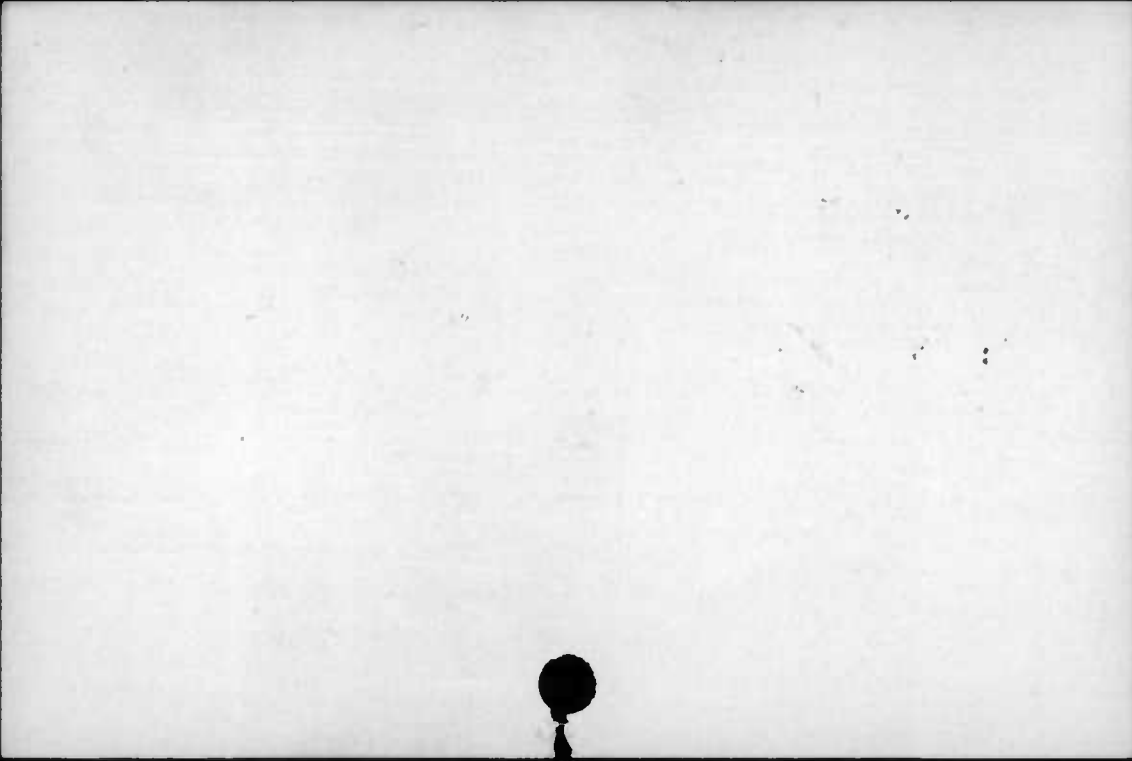
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician R. H. Coans

Address Cuneel

MD

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Wm. Dary Evans

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

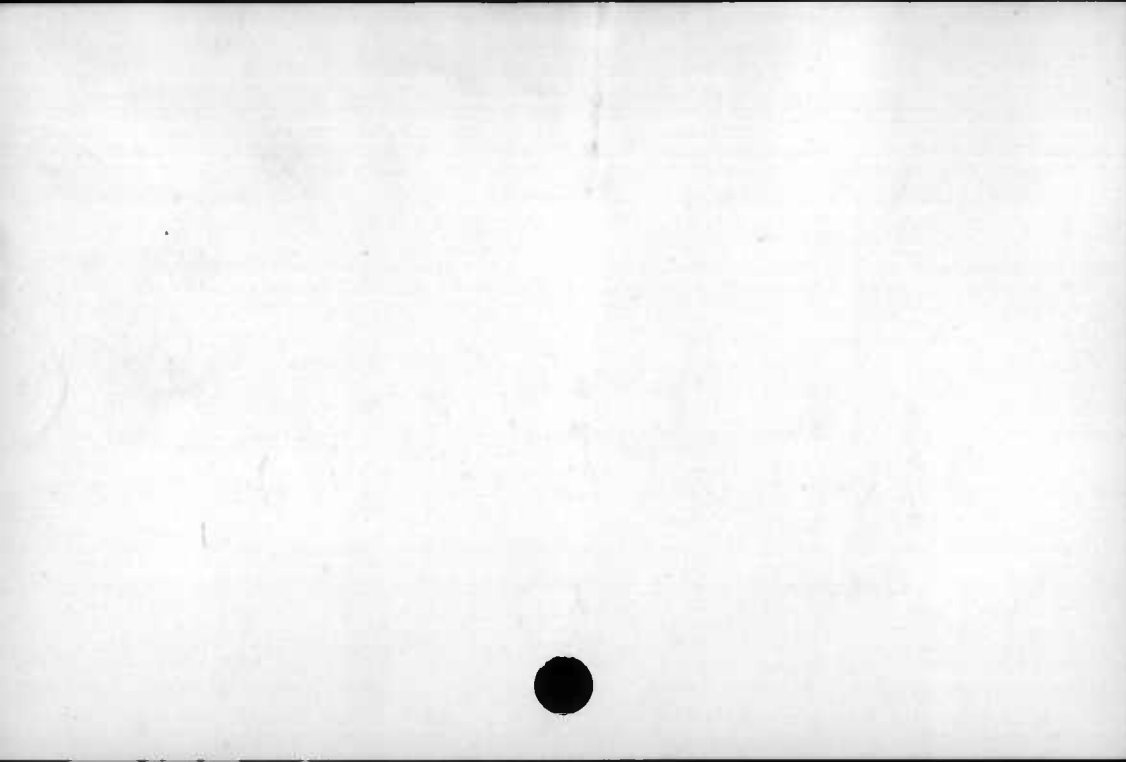
Died at <i>Marion</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>			
Date of death	<i>1908</i> <sup>Month</sup>	<i>July</i> <sup>Day</sup>	<i>18</i> <sup>Age</sup>	<i>—</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Near Marion</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>4 4</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Levin Evans</i>	Father's Birthplace <i>Marion</i>				
Mother's Maiden Name <i>Niddy Henry</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Dennis Henry</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Stomach trouble</i>	How long <i>3 weeks</i>
Immediate <i>Cholera Infantum</i>	How long <i>1 4</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>L. G. B. Allen M.D.</i>
	Address <i>Marion Md</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Pearl Gordy

Town

County

Died at

Pocomoke

In Somerset,

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

July

11<sup>th</sup>

Age

11

Sex

Female

Color or  
Race

Colored

Birth-  
place

Somerset County

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

W. O. A. Gordy

Father's  
Birthplace

Somerset Co.

Mother's  
Maiden Name

Bertha Ballard

Mother's  
Birthplace

Somerset Co.

Name of person giving  
Information

Gordy

How related  
to deceased

Father

## CAUSES OF DEATH

14

Primary

Dysentery

How long

three weeks

Immediate

gradual decline

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. W. P. Lewis M.D.

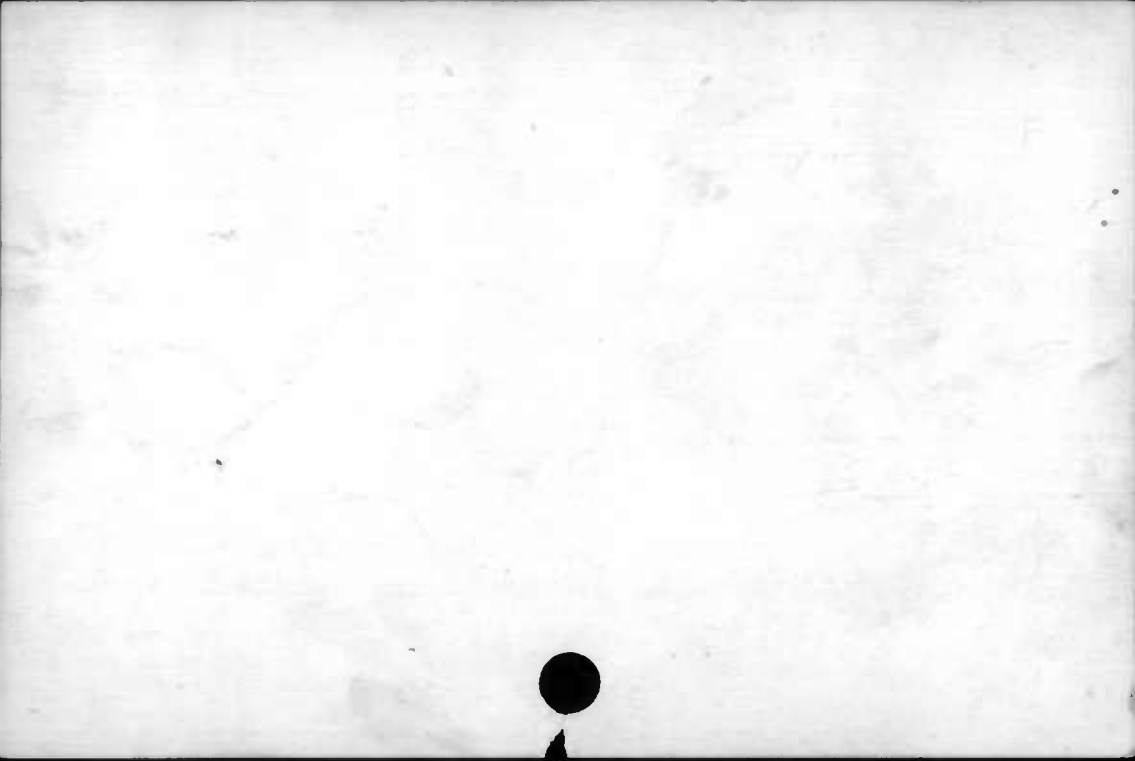
Address

Pocomoke Md.

Accident or Suicide

Worcester Co.

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

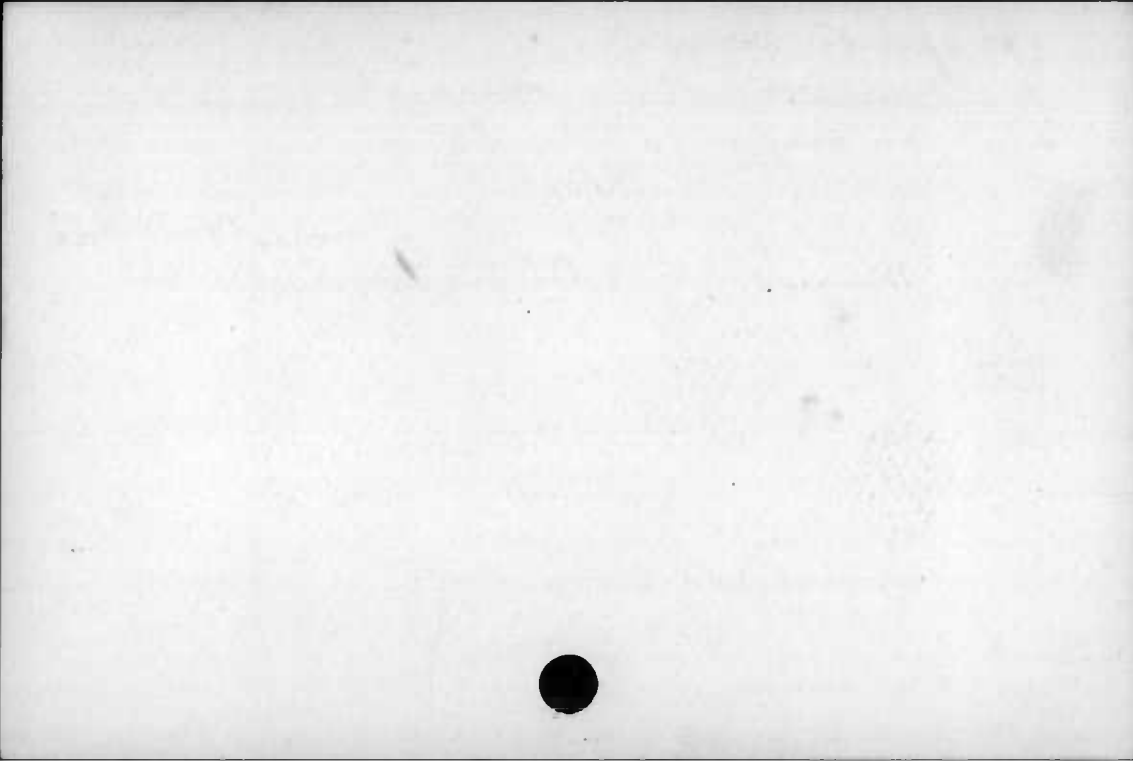
Died at <i>Princess Anne</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1908	Month	July	Day	20	Years	Age 33
Sex	Male	Color or Race	White	Birth-place	Wilmington Del.		
Occupation	Painter			Where Residing if not at place of death	Princess Anne Md.		
Married, Single or Widowed	Married		Name of Wife or Husband	Olivia Gauey (Gross)			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Monza Gauey			How related to deceased	Brother & Law.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Disease of Heart		How long	Unknown
Immediate	Congestion of Lungs		How long	1 Month.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Thos. W. Wainwright
		Address	Princess Anne Md.	

~~Accidental Suicide?~~



Name  
in  
Full

Anne Hayman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

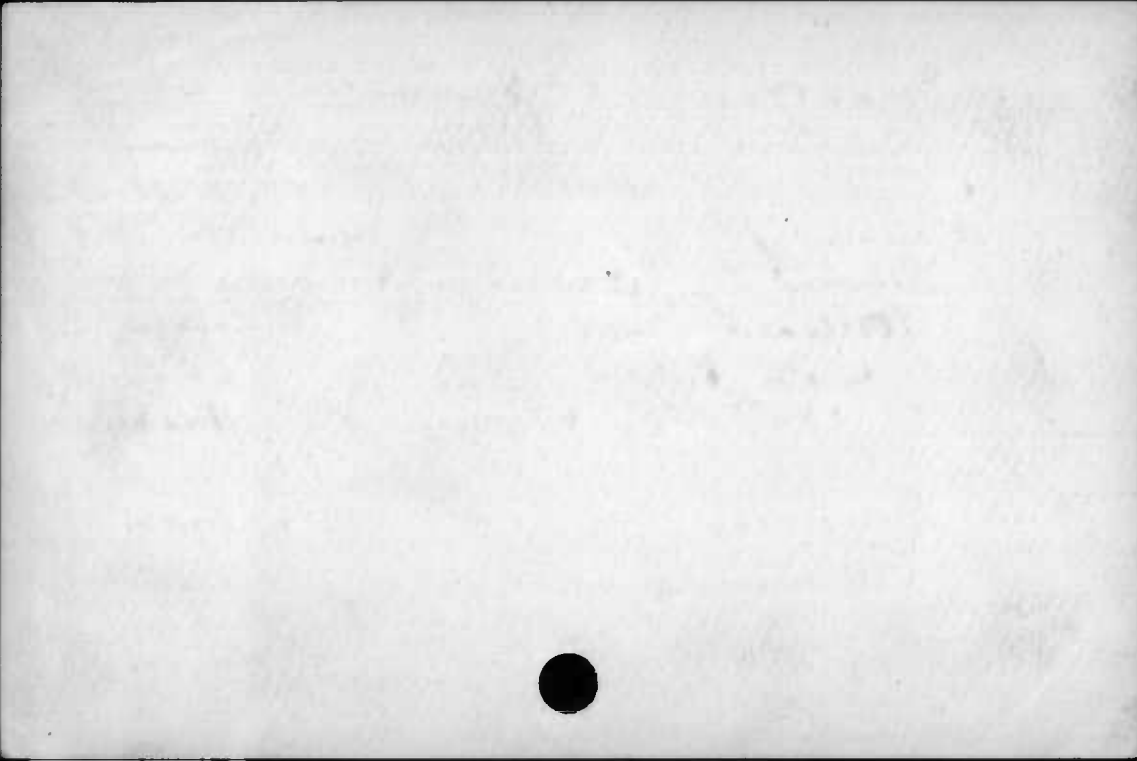
Died at <i>Princeton Ind</i>		Town <i>Princeton</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>7</i>	Day <i>19</i>	Age <i>74</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Somerset Co</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Princeton Ind Ind</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Harrison Hayman</i>						
Father's Name <i>William Jones</i>	Father's Birthplace <i>Somerset Co</i>						
Mother's Maiden Name <i>Leah Fooks</i>	Mother's Birthplace <i>Somerset Co</i>						
Name of person giving information <i>Harrison Hayman</i>	How related to deceased <i>Fusban</i>						

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>3 wks</i>
Immediate <i>Anemia</i>	How long <i>1 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. W. Baumwright</i>
	Address <i>Princeton Ind</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

Morrill Holdbrook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town St Albans		County Somerset		MARYLAND	
Date of death		Month 1908	Day July	Age 21	Years 21	Months ✓	Days ✓
Sex Female		Color or Race Black		Birth- place ind			
Occupation Housewife				Where Residing if not at place of death ✓			
Married, Single or Widowed		Married		Name of Wife or Husband Stanley Holdbrook			
Father's Name		Grant Holdbrook		Father's Birthplace		ind	
Mother's Maiden Name		Sond Field		Mother's Birthplace		ind	
Name of person giving Information		Stanley Holdbrook		How related to deceased		Husband	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

Immediate

as above

How long

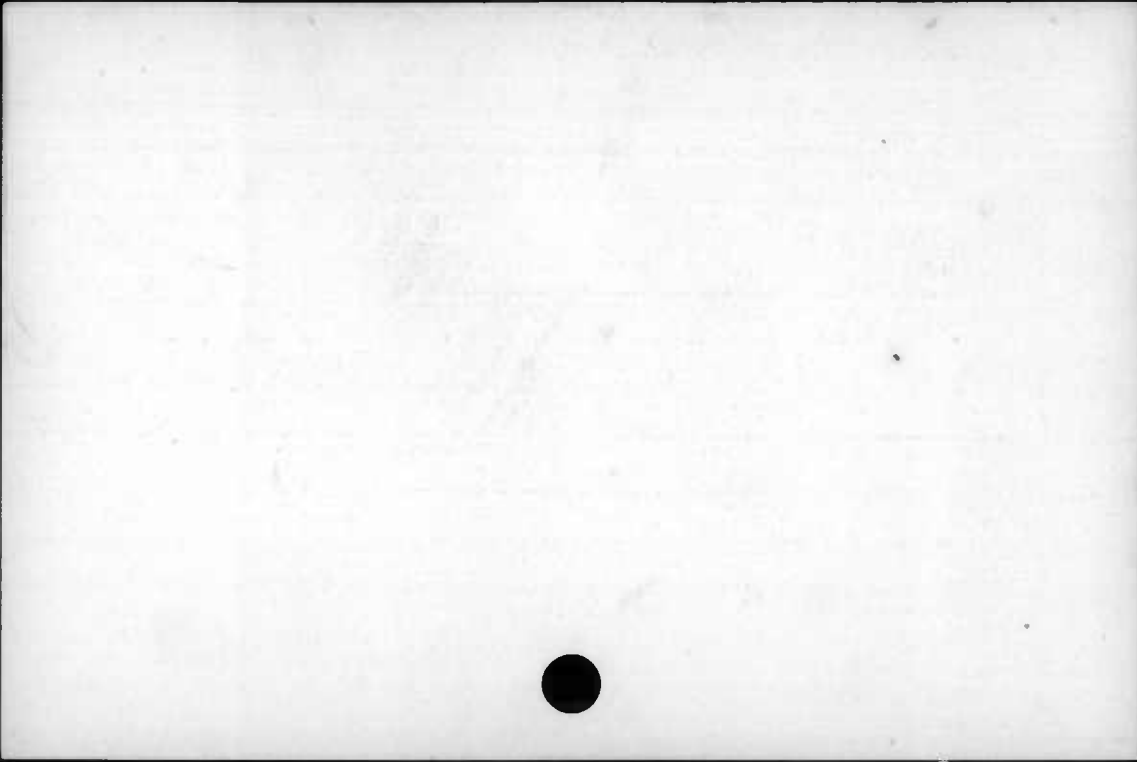
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Dr. Fisher

Address

Grimes Ave  
Mae

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

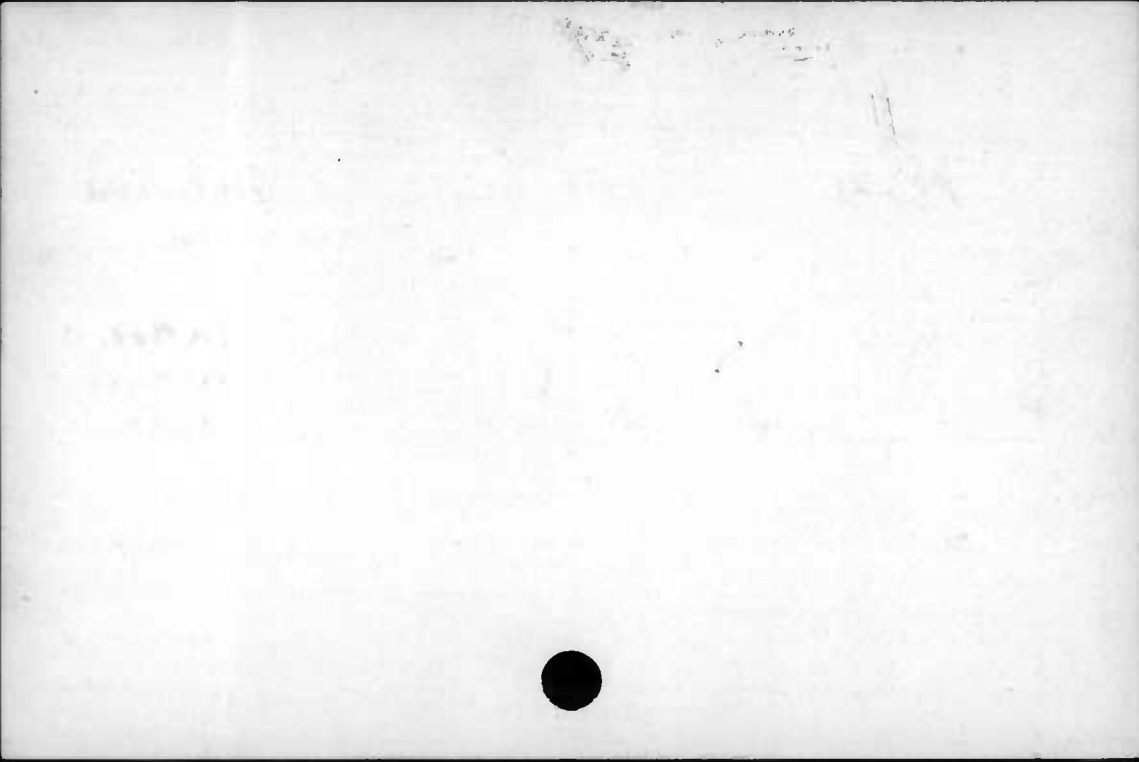
Died at <u>Marion</u> Town		<u>Horsley</u> County		MARYLAND	
Date of death	<u>1906</u> Month <u>July</u>	Day <u>9</u>	Age <u>10</u> Years <u>10</u> Months	Days <u>10</u>	
Sex	<u>Male</u>	Color or Race	<u>Chollard</u>	Birth-place	<u>Marion</u>
Occupation			Where Residing if not at place of death <u>Marion</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband		
Father's Name	<u>John Horsley</u>			Father's Birthplace	<u>Marion</u>
Mother's Maiden Name	<u>Minnie Byrd</u>			Mother's Birthplace	<u>Marion</u>
Name of person giving information	<u>John Horsley</u>			How related to deceased	<u>father</u>

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Exhaustion</u>	How long	<u>10 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>None</u>
		Address	<u>E A Linkful Sub Reg</u> <u>Marion Station</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

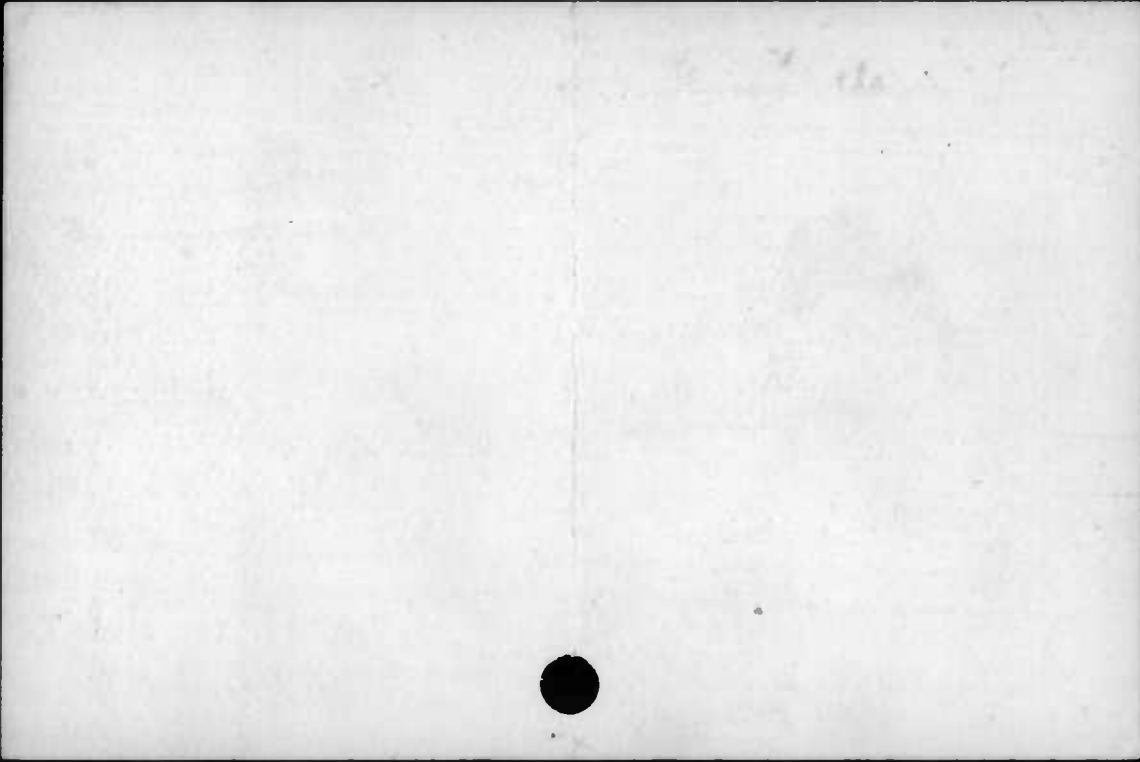
Died at		Town <u>Bowie</u>		County <u>Somerset</u>		MARYLAND	
Date of death	1908	Month	7	Day	13	Age	44
Sex	Female		Color or Race	White		Birth-place	Somerset Co
Occupation	House Wife			Where Residing if not at place of death		Somerset Co	
Married, Single or Widowed	Married		Name of Wife or Husband		James G. Horner		
Father's Name	Jno W Bosman					Father's Birthplace	Somerset Co
Mother's Maiden Name	Mary M. Bosman					Mother's Birthplace	" "
Name of person giving information	John G. Horner					How related to deceased	Husband

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>6 mos.</u>
Immediate	<u>Asthma</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>S. J. Windsor, M.D.</u>
		Address	<u>Bowie, Somerset Co, Md.</u>
Accident or Suicide?			



Name  
in  
Full

Elton J. J. Farmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Baines Trailer* <sup>Town</sup> *Somerset* <sup>County</sup>

MARYLAND

Date of death *1908* <sup>Month</sup> *7* <sup>Day</sup> *11* <sup>Age</sup> *6* <sup>Years</sup> *6* <sup>Months</sup> *6* <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Somerset*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

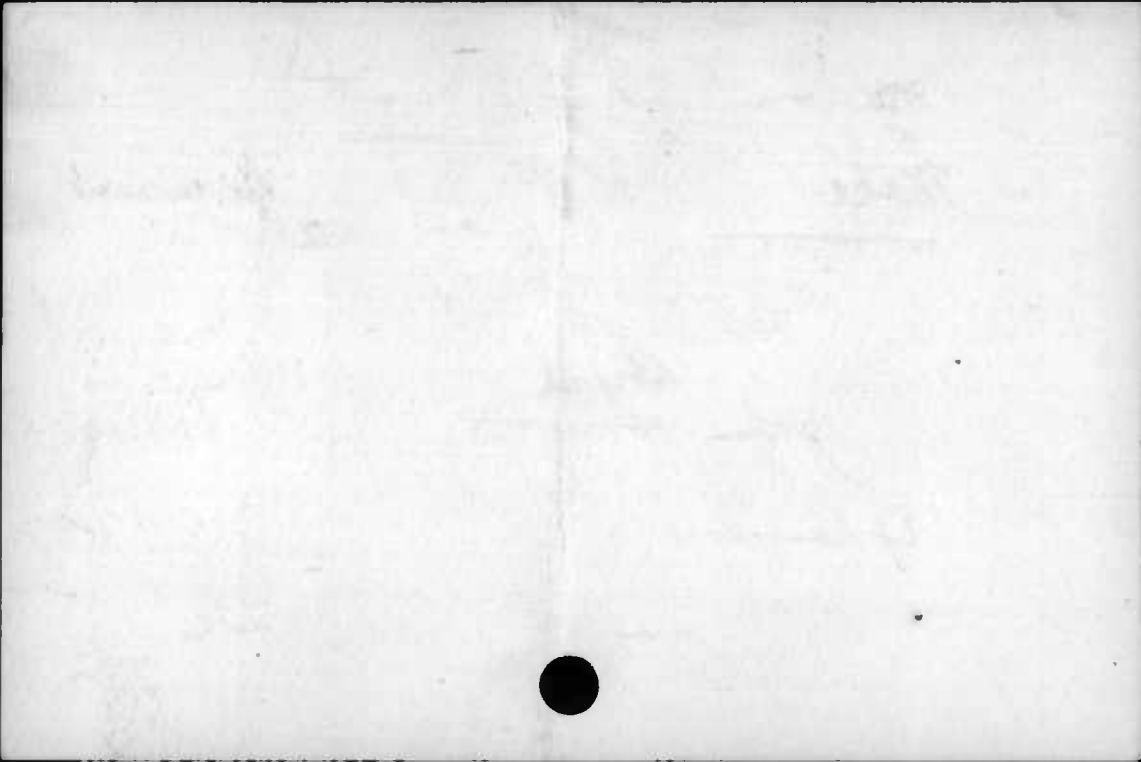
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *James G. Farmer* Father's Birthplace *Somerset*Mother's Maiden Name *Bettie Boyman* Mother's Birthplace *" "*Name of person giving information *James G. Farmer* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONERPrimary *Her. Abutis* How long *3 weeks*Immediate *As theura* How long \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *S. H. Winder M.D.*Address *Baines Trailer, Somerset, Md.*Accident or Suicide? *Q*



Name  
in  
Full

Wm H. Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Upper Fairmount <sup>County</sup> Somerset

Date of death 1908 July 26 Age 75 Months no Days no

Sex Male Color or Race Black Birth-place Somerset County

Occupation Preacher Where Residing if not at place of death Upper Fairmount

Married, Single or Widowed Married Name of Wife or Husband Lucia Johnson

Father's Name Noah Johnson Father's Birthplace Somerset Co.

Mother's Maiden Name Agusta Johnson Mother's Birthplace Somerset Co.

Name of person giving information H. S. Wilson &amp; J. E. Johnson How related to deceased Brother

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Old age How long don't know

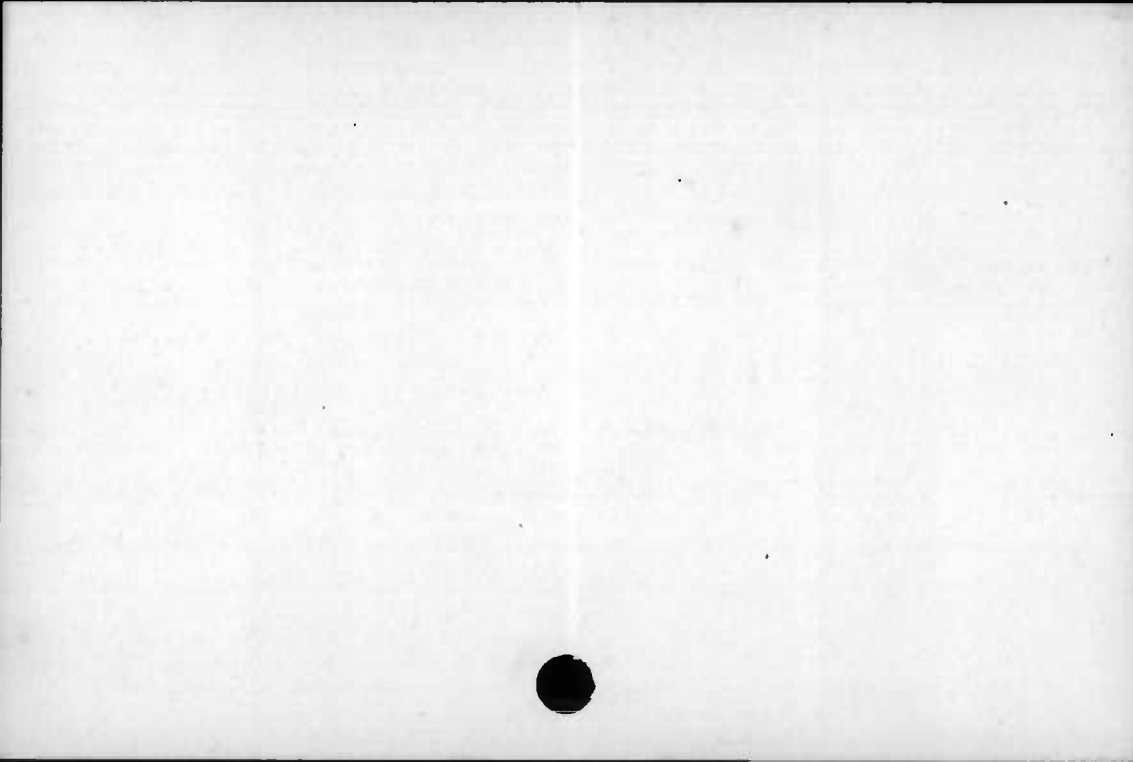
Immediate old age How long don't know

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Thos. W. Landon D. R.

Address Landonville, Somerset Co. Md.

Accident or Suicide? Murther





Name  
in  
Full

Norris Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>My Vernon</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>12</i>	Age <i>65</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset Pa.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married <del>Single</del> Widowed			Name of Wife or Husband <i>Flora Jones</i>		
Father's Name <i>Geo Jones</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Jamen Jones</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Marshall Jones</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Hypertension</i>	How long	<i>6 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ralph C. Stought</i>	
<i>Yes</i>		Address <i>Oriskany Ind</i>	
Accident or Suicide? <i>No</i>			

From Gen R Marshall

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

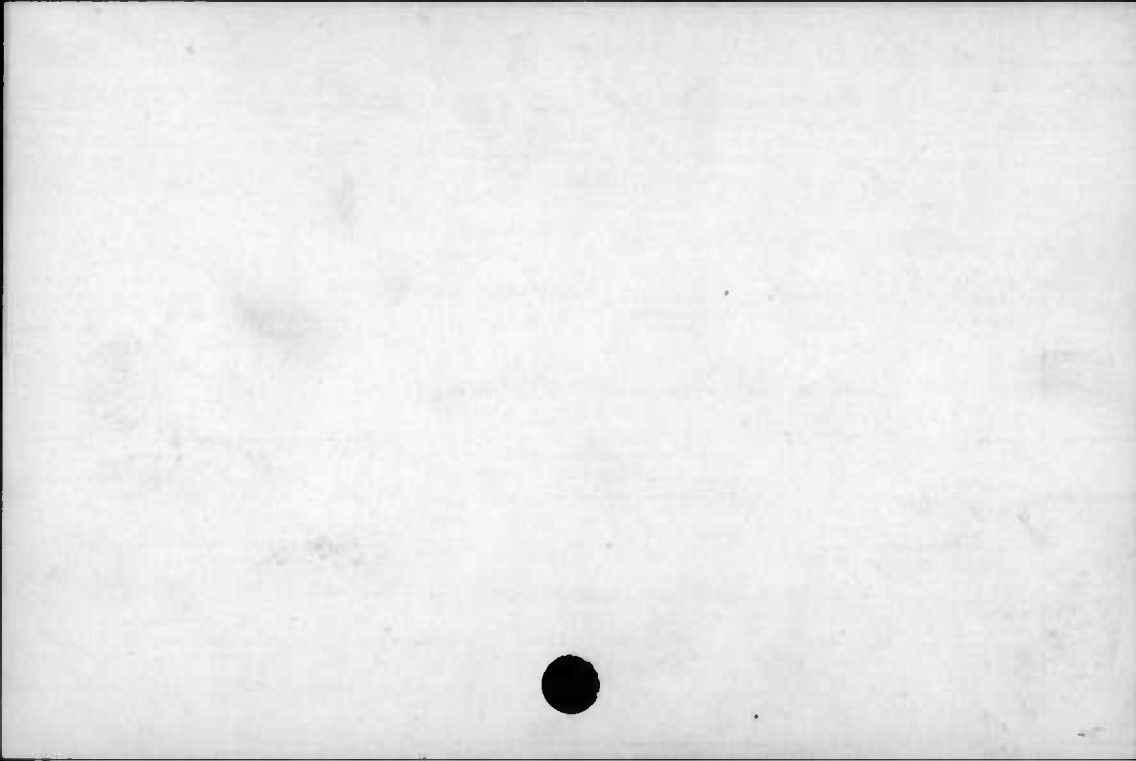
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	8 <sup>th</sup>	Age	67		
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Farmer			Where Residing if not at place of death	✓		
Married, Single or Widowed	Married			Name of Wife - Husband	Sama King		
Father's Name	Robt King			Father's Birthplace	Md.		
Mother's Maiden Name	Julia Ann Gibbons			Mother's Birthplace	Md.		
Name of person giving information	W. A. Sady			How related to deceased	Nephew		

## CAUSES OF DEATH

(27)

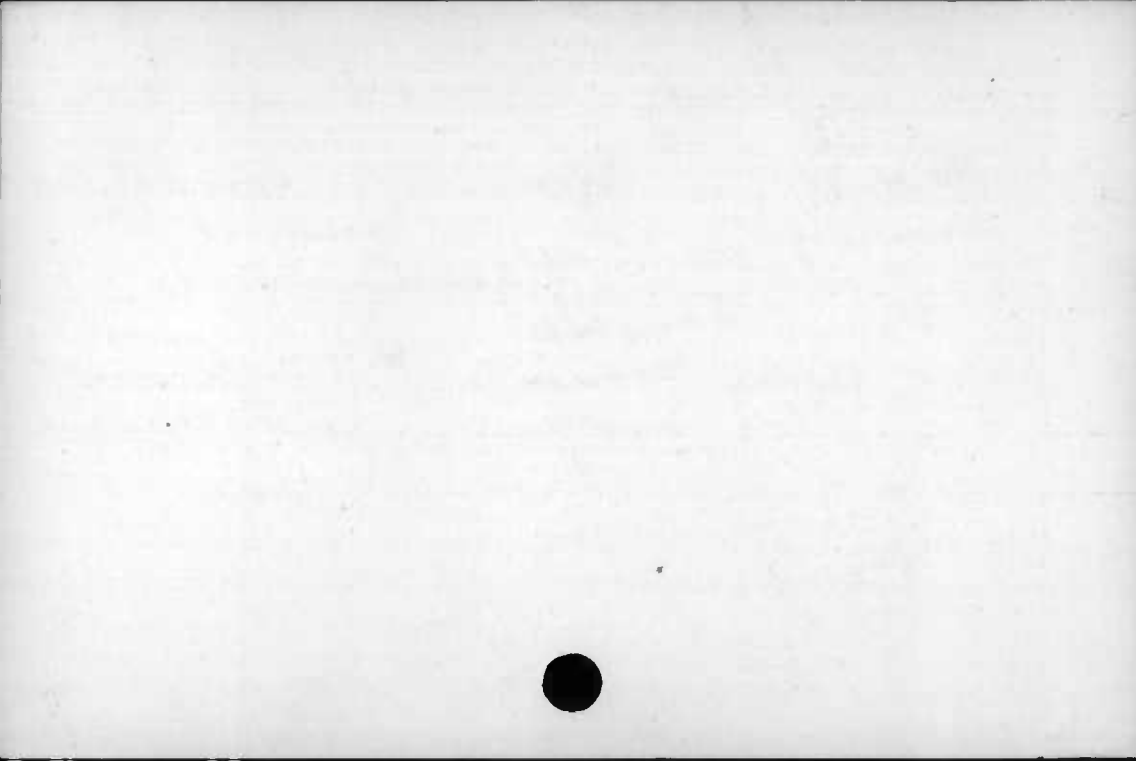
PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Exhaustion	How long	4 M
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Wilson
Yes		Address	Brunswick Way
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Stopewell</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		<b>MARYLAND</b>
	Date of death <i>1908</i>	<i>July</i> <small>Month</small>	<i>15</i> <small>Day</small>	<i>18</i> <small>Years</small>	<i>11</i> <small>Months</small>
	<i>male</i> <small>Sex</small>	<i>White</i> <small>Color or Race</small>	<i>Virginia</i> <small>Birth-place</small>		
	<i>Farming</i> <small>Occupation</small>		<i>I</i> <small>Where Residing if not at place of death</small>		
	<i>Single</i> <small>Married, Single or Widowed</small>	<i>I</i> <small>Name of Wife or Husband</small>			
	<i>Lewis H. Lane</i> <small>Father's Name</small>		<i>va</i> <small>Father's Birthplace</small>		
	<i>Annie E. Parrott</i> <small>Mother's Maiden Name</small>		<i>va</i> <small>Mother's Birthplace</small>		
	<i>Annie E. Lane</i> <small>Name of person giving information</small>		<i>mother</i> <small>How related to deceased</small>		
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>		<i>one year</i> <small>How long</small>		
	Immediate <i>Exhaustion</i>		<i>—</i> <small>How long</small>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		<i>W. F. Hall</i> <small>Signature of Physician</small>		
	<i>no</i> <small>Accident or Suicide?</small>		<i>Enfield, Md</i> <small>Address</small>		

27



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Betsy Lauckford*

Died at *Princess Anne* County *Somerset* MARYLAND

Date of death *1908* Month *7* Day *16* Age *75* Months *—* Days *—*

Sex *Female* Color or Race *African* Birth-place *Somerset Co*

Occupation *Housewife* Where Residing if not at place of death *Somerset Co*

Married, Single or Widowed *Married* Name of Wife or Husband *Chas Lauckford*

Father's Name *George Cornick* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Betsy Cornick* Mother's Birthplace *Somerset Co*

Name of person giving information *Chas Lauckford* How related to deceased *Husband*

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* How long *1 Year*

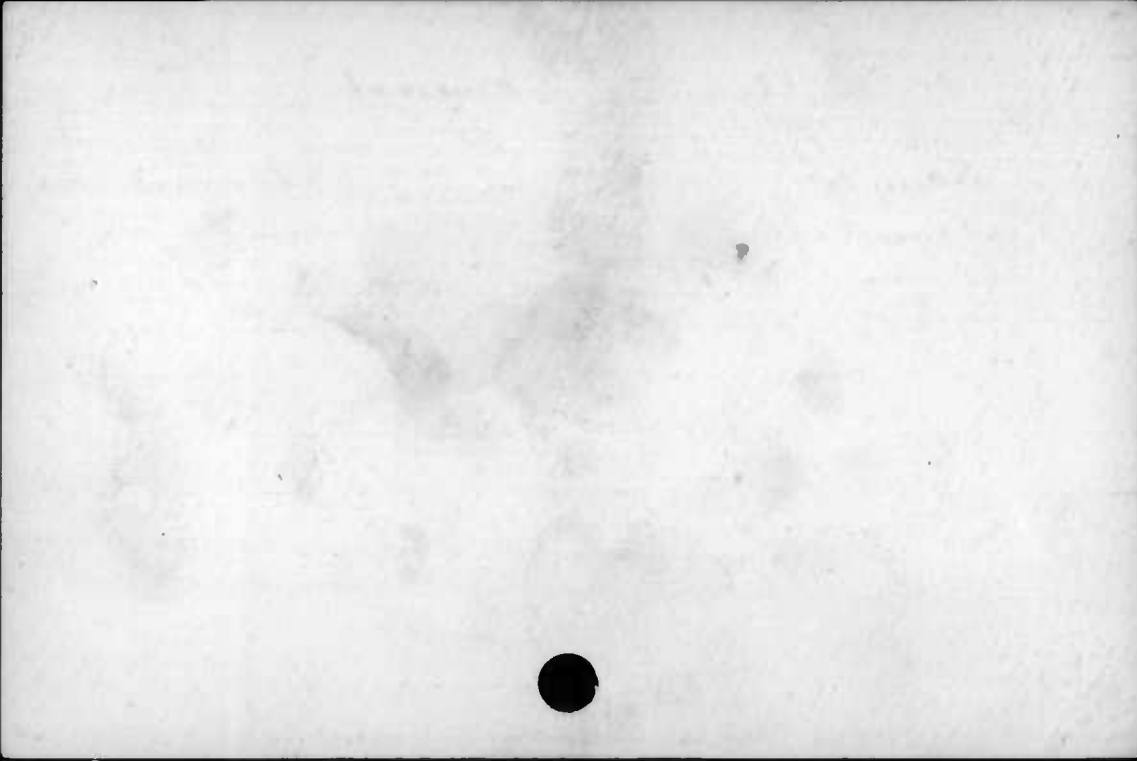
Immediate *Ischemic* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. W. Daenmon*

Address *Princess Anne Md*

Accident or Suicide? *No*





Name  
in  
Full

Alice Anne Lawson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lawsonia

Southern

Date

1908 July

Month

Day

12

Age

Years

Months

4

Days

Sex

Female

Color or  
Race

White

Birth  
place

Lawsonia Md

Occupation

None

Where Residing if not  
at place of death

Lawsonia

Married,  
Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Fred Lawson

Father's  
Birthplace

Lawsonia Md

Mother's  
Maiden Name

Dora Lawson

Mother's  
Birthplace

Cusfield Md

Name of person giving  
Information

Fred Lawson

How long  
in residence

151

CAUSES OF DEATH

Primary

Premature Birth -

How long

Immediate

Drop -

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Wm. Bullbourn

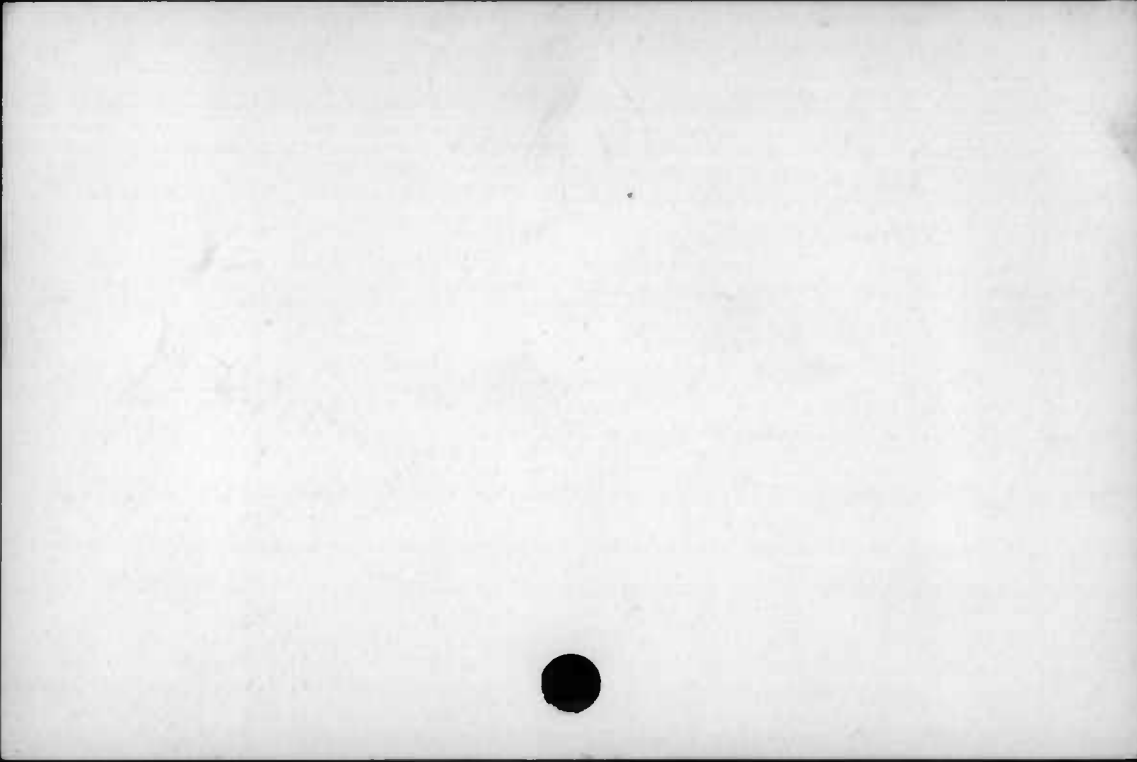
Cusfield Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

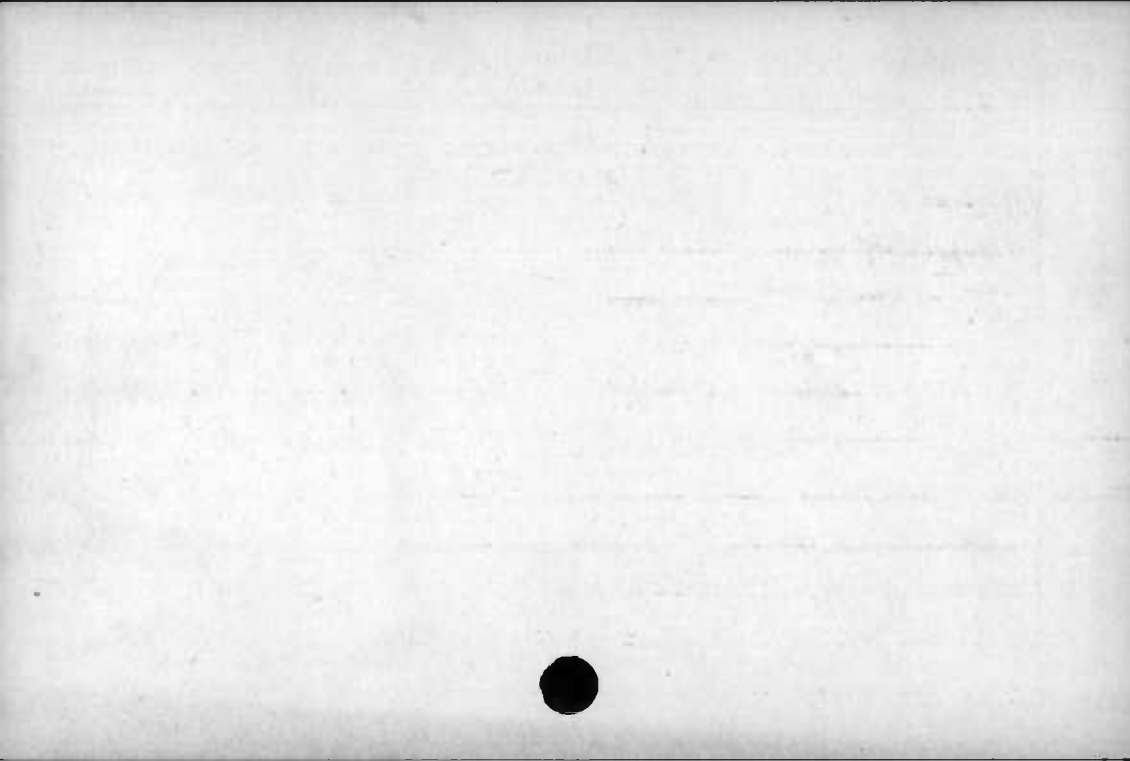
Died at		Town Marumaco		County Somerset			
Date of death		Month	Day	Age	Years	Months	Days
1908		July	20	75		5	6
Sex		Color or Race		Birth-place			
male		White		Somerset Co			
Occupation				Where Residing if not at place of death			
Farming							
Married, Single or Widowed		Name of Wife or Husband					
Married		Lizzie		Mathews			
Father's Name		Henry W. Mathews		Father's Birthplace		Somerset Co	
Mother's Maiden Name		Sarah E. Walston		Mother's Birthplace		" "	
Name of person giving information				How related to deceased			
James Carver				nephew			

## CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Angina Pectoris			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. J. G. B. Allen	
		Address	
		Marumaco	
		Md	
Accident or Suicide?			



Name  
in  
Full

Virginia A. Moore

## CERTIFICATE OF DEATH

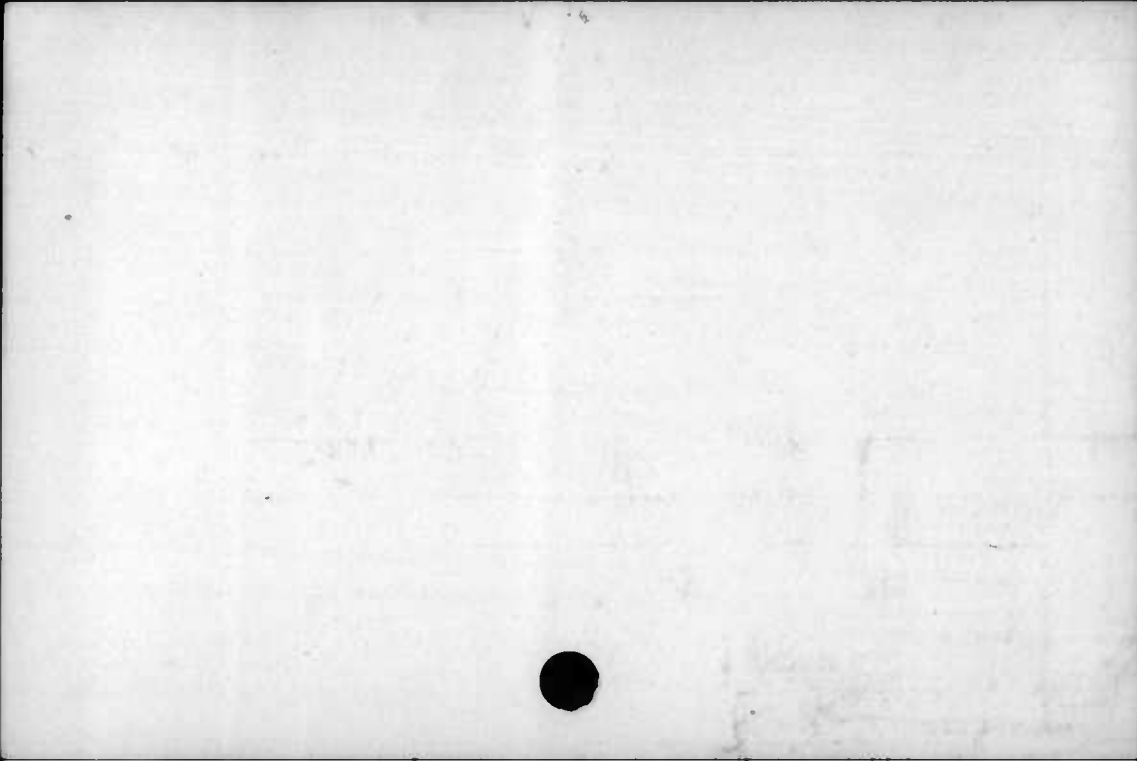
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cusfield Md</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>13</i>	Age <i>61</i>	Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset</i>		
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jacob T. Moore</i>				
Father's Name <i>William H. Chelton</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Caroline A. Cross</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>Edmund Moore</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gangrene of foot</i>	How long <i>6 mos</i>
Immediate <i>Septicemia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. S. Gallin</i>
	Address <i>Cusfield</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Fairmount* Town*Dorchester* CountyDate  
of death *1908*Month *July*Day *29*

Age

Years *5-2*Months *—*Days *—*

Sex

*Male*Color or  
Race*White*Birth-  
place*Fairmount*

Occupation

*Merchant*Where Residing if not  
at place of death *—*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Sue - Muir*Father's  
Name*Lambert - Muir*Father's  
Birthplace*Fairmount*Mother's  
Maiden Name*Elizabeth Howeth*Mother's  
Birthplace*Fairmount*Name of person giving  
information*I knew it myself*How related  
to deceased*Not related*

## CAUSES OF DEATH

**40**

Primary

*Gastric Carcinoma*

How long

*About 18 months*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*G. E. Dickinson*

Address

*Upper Fairmount -  
Md.*

Accident or Suicide?

*No Permit issued*

L. W. Landon

Landonville

Ind





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Albert Parker* County *Laurens* MARYLAND

Died at *Crofton* Town *Laurens* State *MARYLAND*

Date of death 1908 *May* Month *20* Day Age *72* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *Farmer* Where Residing if not at place of death *Near Crofton*

Married, Single or Widowed *Married* Name of Wife or Husband *Herman Parker*

Father's Name *Samuel Parker* Father's Birthplace *Va*

Mother's Maiden Name *Marriet Parker* Mother's Birthplace *Va*

Name of person giving Information *Daughter* How related to deceased

## CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary Cause *Heart Disease* How long *Many years*

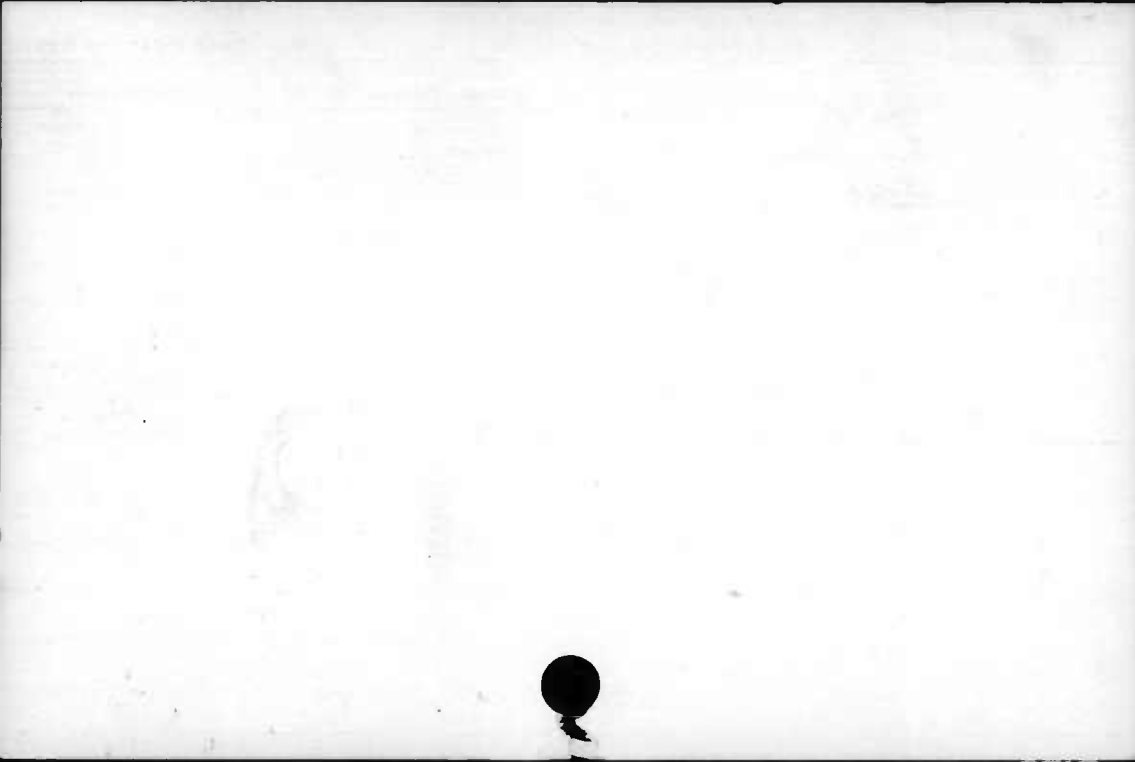
Immediate Cause *Yes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Somers*

Address

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Monie Pinket* Town *Mt Vernon* County *Dorchester*

Died at *Mt Vernon* Maryland

Date of death 190 *28* Month *July* Day *4* Age *24* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Mt. Vernon*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband *Henry Clay Pinket*

Father's Name *John Baunders* Father's Birthplace *Monie*

Mother's Maiden Name *Rachel Hall* Mother's Birthplace *Monie*

Name of person giving information *John Baunders* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Consumption* How long *Eight months*

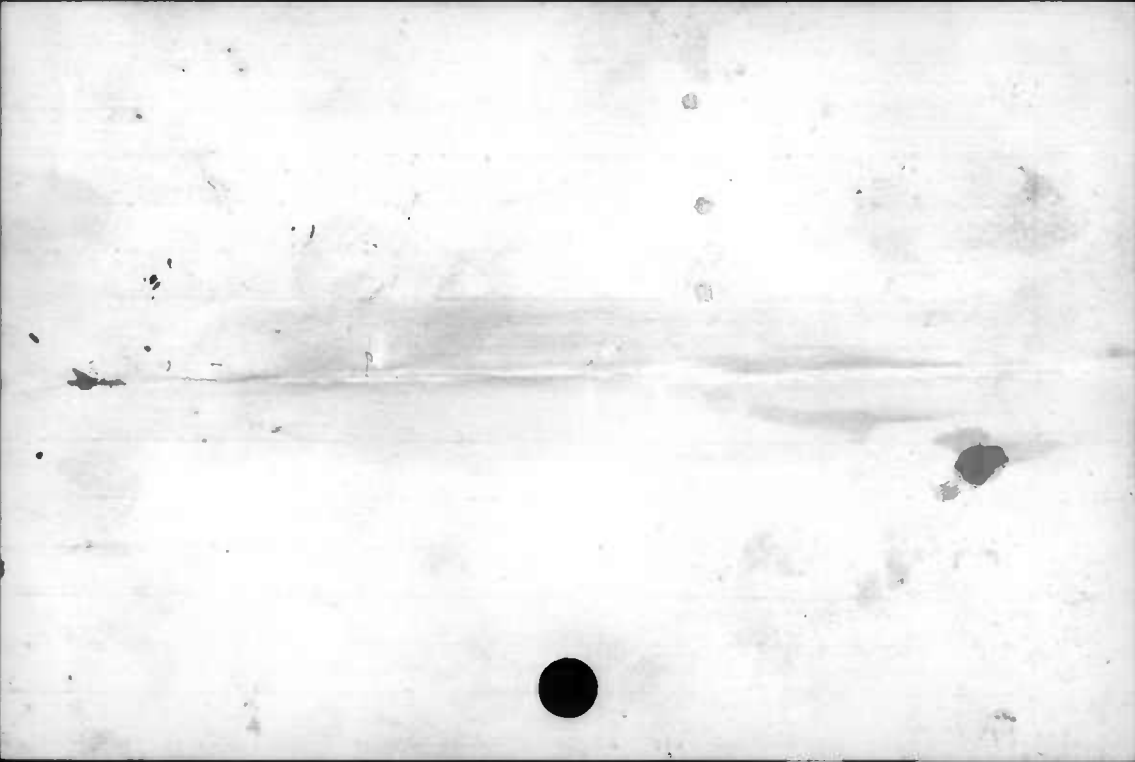
Immediate

Are the name, age, sex, color, date and place correctly given above? *Julius O.*

Signature of Physician *Daniel H. Jones M.D.*

Address *Prince Georges Co. Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

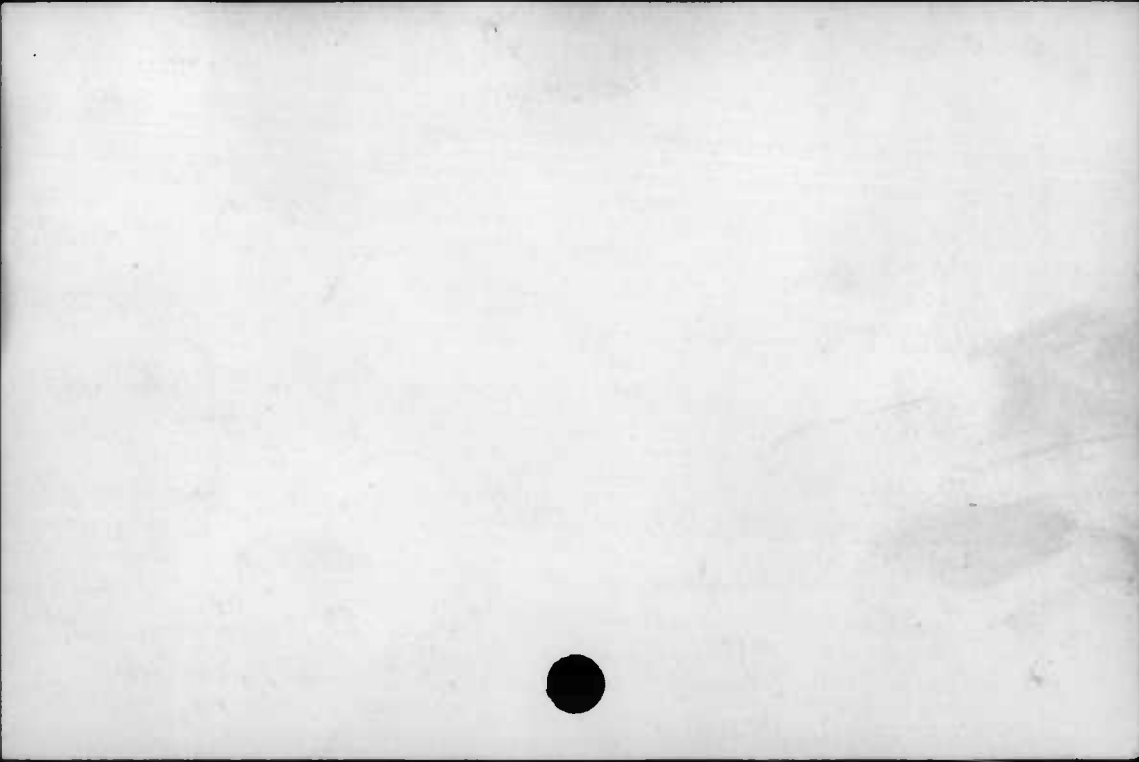
Name of Deceased <i>George H. Powell</i>		Town <i>Robert</i>		County <i>Summit</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>16</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Powell</i>					
Father's Name <i>Henry Powell</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Martha E. Powell</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Henry C. Powell</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

44

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Face</i>	How long <i>5 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Freemans City</i>
Accident or Suicide? <i>✓</i>	



Name  
in  
Full

Mrs. Lottie V. Sands.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

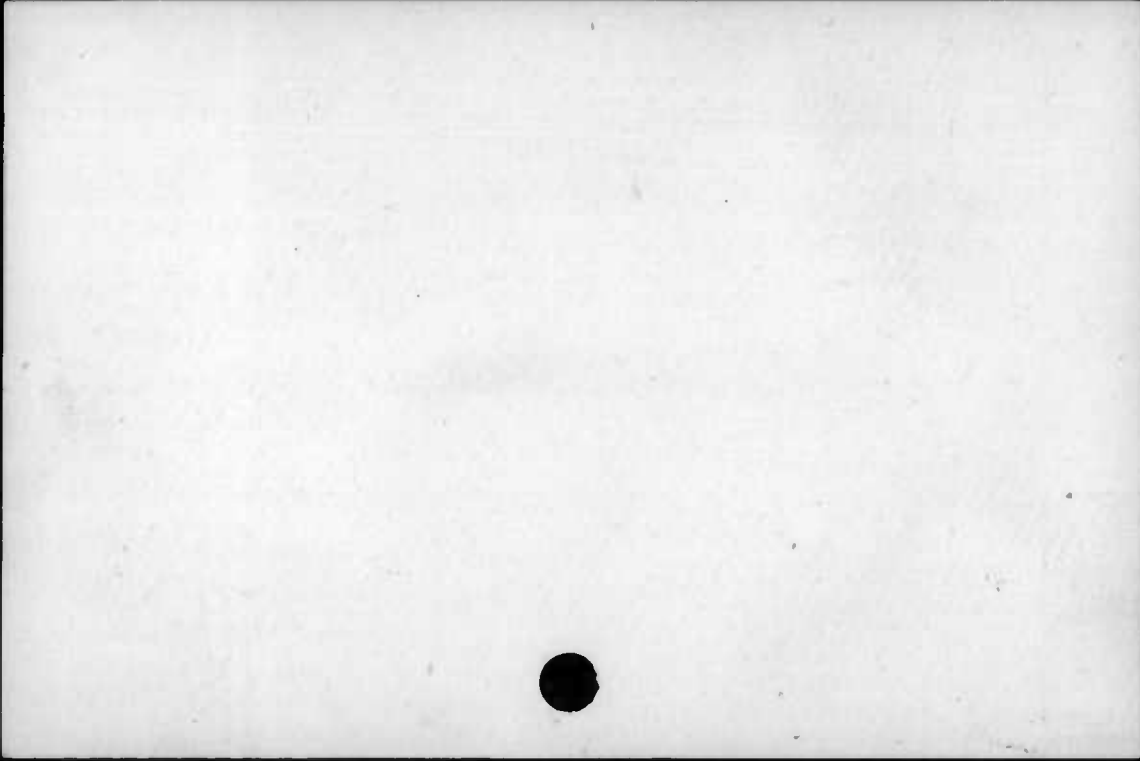
Died at		Town		County			
Princess Anne		Somerset					
Date	Month	Day	Age	Years	Months	Days	
of death	1908	July	20	67			
Sex	Female		Color or Race	White		Birth-place	Norfolk Va
Occupation	Housewife		Where Residing if not at place of death		Baltimore Md		
Married, Single or Widowed	Widow		Name of Wife or Husband		James W. Sands		
Father's Name	Edward Kiegrus				Father's Birthplace	Virginia	
Mother's Maiden Name	Sarah Grimes				Mother's Birthplace	"	
Name of person giving information	J. Thomas Taylor Jr				How related to deceased	Saw in Law	

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Neo-bolitis	How long	Indefinite
Immediate	Aschemia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. W. Wainwright
		Address	Princess Anne Md
<del>Accident or Suicide?</del>			





Name  
in  
Full

Edward R Sterling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

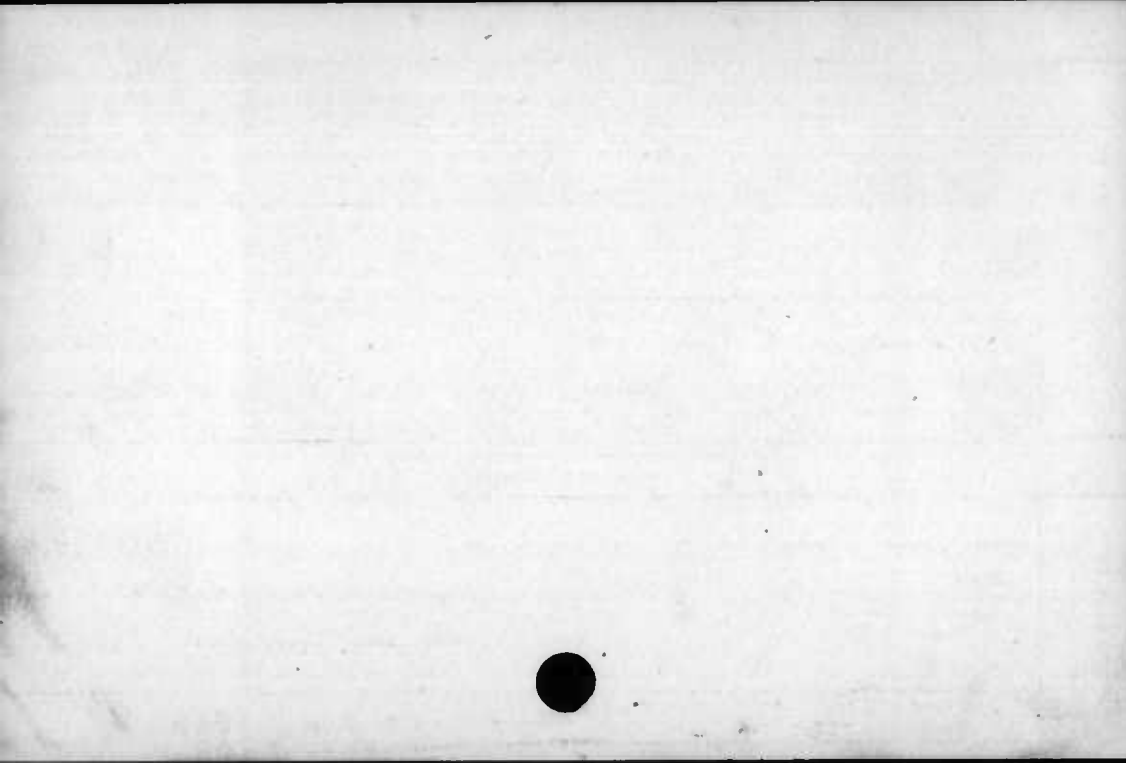
Died at <u>Crisfield</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	1908	Month	July	Day	8
		Years	<del>Age</del>	Months	21
Sex	male	Color or Race	White	Birth-place	Crisfield
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Edward R Sterling		Father's Birthplace	Crisfield
Mother's Maiden Name		Anne Anderson		Mother's Birthplace	Dorchester Co
Name of person giving information		Anne Anderson		How related to deceased	Mother

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	<u>Dysentery</u>	How long	10 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		C. E. Collins Crisfield Md	



Name  
in  
Full

Victor Sterling

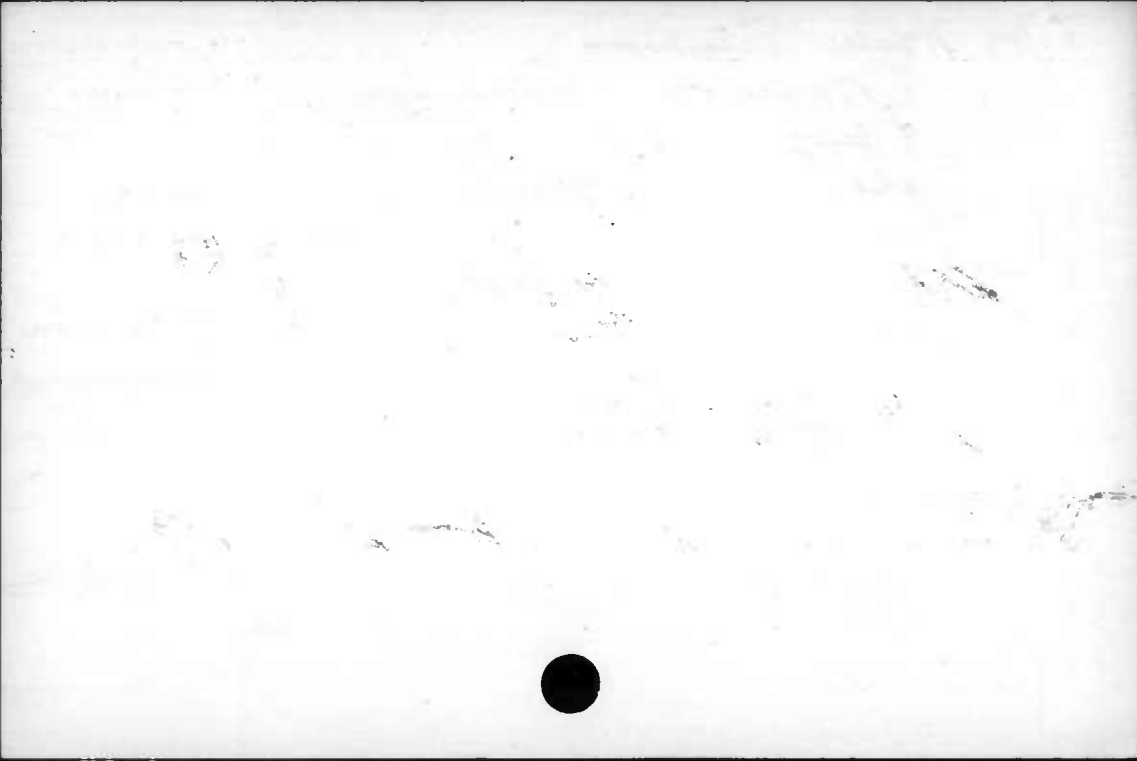
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Crofton* <sup>County</sup> *Somerset* **MARYLAND**Date of death 1908 <sup>Month</sup> *July* <sup>Day</sup> *3d* Age <sup>Years</sup> *25* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Male* Color or Race *White* Birth-place *Md*Occupation *Waiter in Restaurant* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Russ Sterling* Father's Birthplace *Md*Mother's Maiden Name *Not known* Mother's Birthplace *Md*Name of person giving Information *Foster farm, Eliza Daugherty* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Tuberculosis* <sup>How long</sup> *6 mos*Immediate *Yes* <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J F Somers*Address *Crofton, Md*

Accident or Suicide



Name  
in  
Full

*Wm Wesley Trishum*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

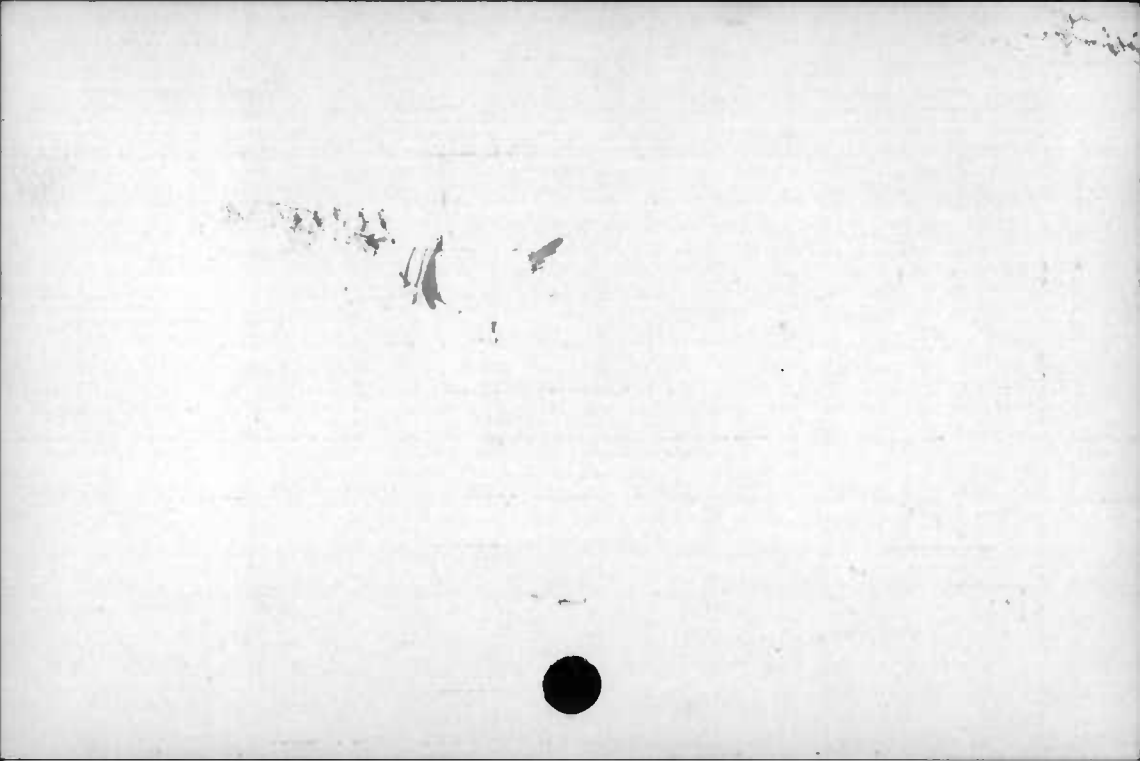
Died at		Town <i>Marion</i>		County <i>Immatus</i>		MARYLAND	
Date of death		1908	Month <i>July</i>	Day <i>10</i>	Years <i>72</i>	Months —	Days —
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Marion</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Near Marion</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>done &amp; dead</i>			
Father's Name <i>Harry W. Trishum</i>				Father's Birthplace <i>Marion</i>			
Mother's Maiden Name <i>Ant &amp; dead</i>				Mother's Birthplace <i>not known</i>			
Name of person giving information <i>Joe Trishum</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

**64**  
How long

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Apoplexy</i>		How long <i>at once</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>George</i>	
		Address <i>E. a Lauckford Sub. Reg. Marion Station Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

Mary Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Sumner Quarter* *Somerset* County

Date of death *1908* Month *July* Day *2nd* Age *87* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Som. Co.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John Wallace*

Father's Name *David Russell* Father's Birthplace *David Russell*

Mother's Maiden Name *David Russell* Mother's Birthplace *David Russell*

Name of person giving information *John Wallace* How related to deceased *Husband*

CAUSES OF DEATH

*10*

PHYSICIAN  
OR CORONER

Primary *Lung cancer* How long *2 weeks*

Immediate *asthma* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *S. J. Waters*

Address *Bellevue Station  
Som. Co., Ind.*

Accident or Suicide?





Name  
in  
Full

Mary A. Wallon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Stokols Island* <sup>County</sup> *Somerset*Date of death *1908* <sup>Month</sup> *7* <sup>Day</sup> *28* <sup>Years</sup> *73* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birth-place *Somerset Co*Occupation *Housewife* Where Residing if not at place of death *"*Married, Single or Widowed *Widowed* Name of Wife or Husband *Samuel R. Wallon*Father's Name *Wm Price* Father's Birthplace *Somerset Co*Mother's Maiden Name *Sarah Bradshaw* Mother's Birthplace *" "*Name of person giving information *J.A. Wallon* How related to deceased *Son*

## CAUSES OF DEATH

(42)

Primary *Epithelioma (Cervical)* How long *7 months*Immediate *Anthrax* How long *1 mo -*

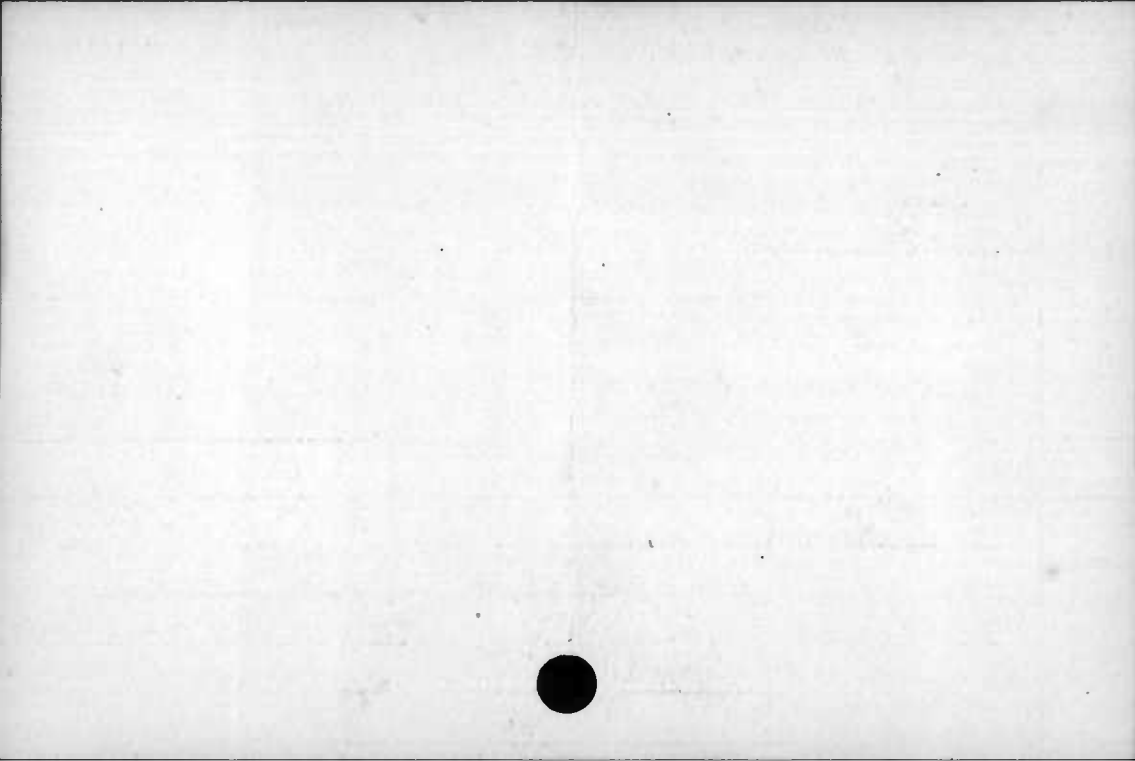
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

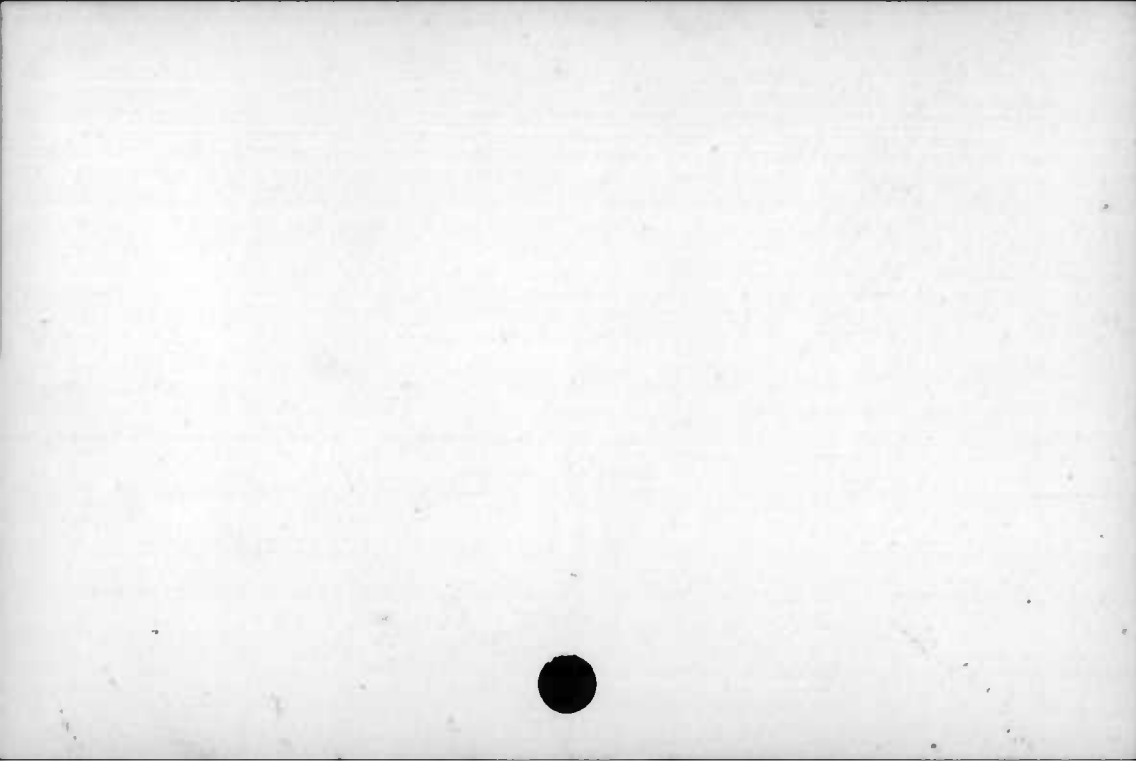
Address

*Yes**J. H. Alexander*  
*Somerset Co.*

Accident or Suicide?



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>1908</i> <sup>Town</sup>		County <i>Dorchester</i>		
		Date of death <i>1908</i>		Month <i>2-</i>	Day <i>2</i>	Age <i>2</i>
		Sex <i>male</i>		Color or Race <i>Black</i>	Birth-place <i>ind</i>	
		Occupation <i>none</i>		Where Residing if not at place of death		
		Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>		
		Father's Name <i>Gorfield Washington</i>		Father's Birthplace <i>ind</i>		
		Mother's Maiden Name <i>Fannie Wilson</i>		Mother's Birthplace <i>ind</i>		
		Name of person giving information <i>mother</i>		How related to deceased		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Cholera infantum</i>		How long <i>6 days</i>		
		Immediate <i>asthma</i>		How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Smith M.D. (not in attendance)</i>		
		Address <i>Bureau Creek ind</i>				
Accident or Suicide?						



Name  
in  
Full

Hattie White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

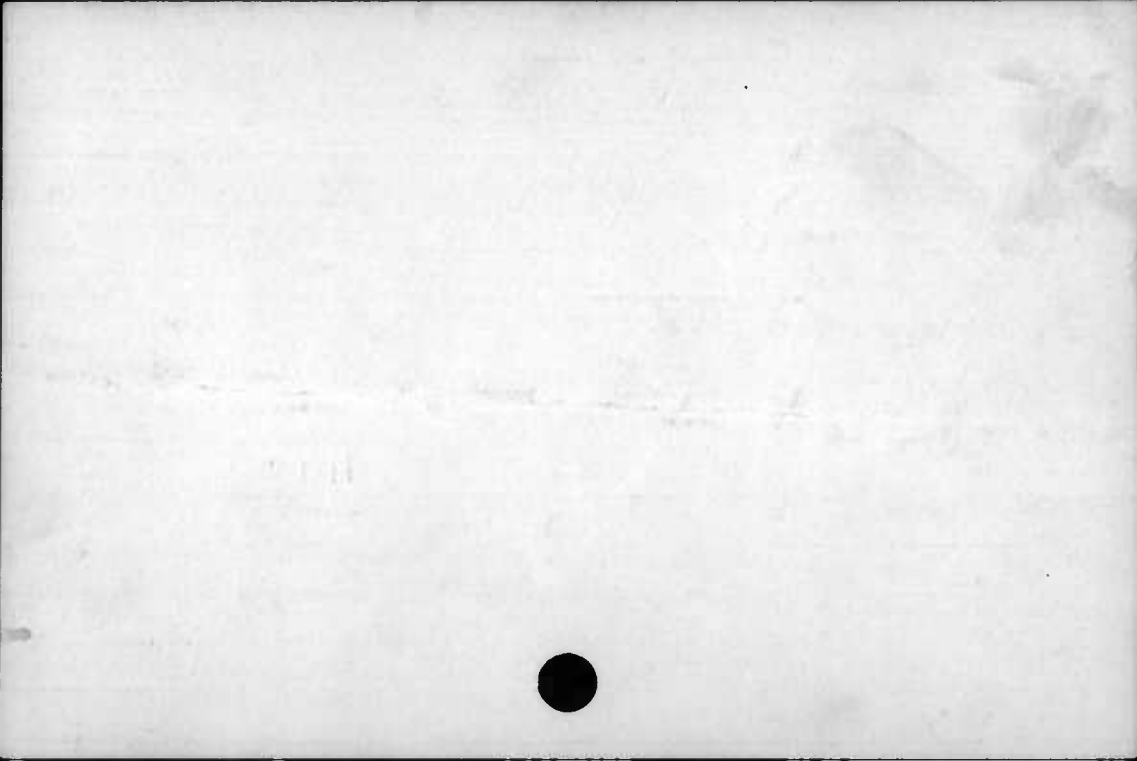
Died at <i>near Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>26<sup>th</sup></i>	Age	Years	Months <i>42</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Somerset Co. Ind.</i>		
Occupation <i>home</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Daniel W. White</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Sarah Hattie Green</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Daniel W. White</i>	How related to deceased <i>Father -</i>				

## CAUSES OF DEATH

119

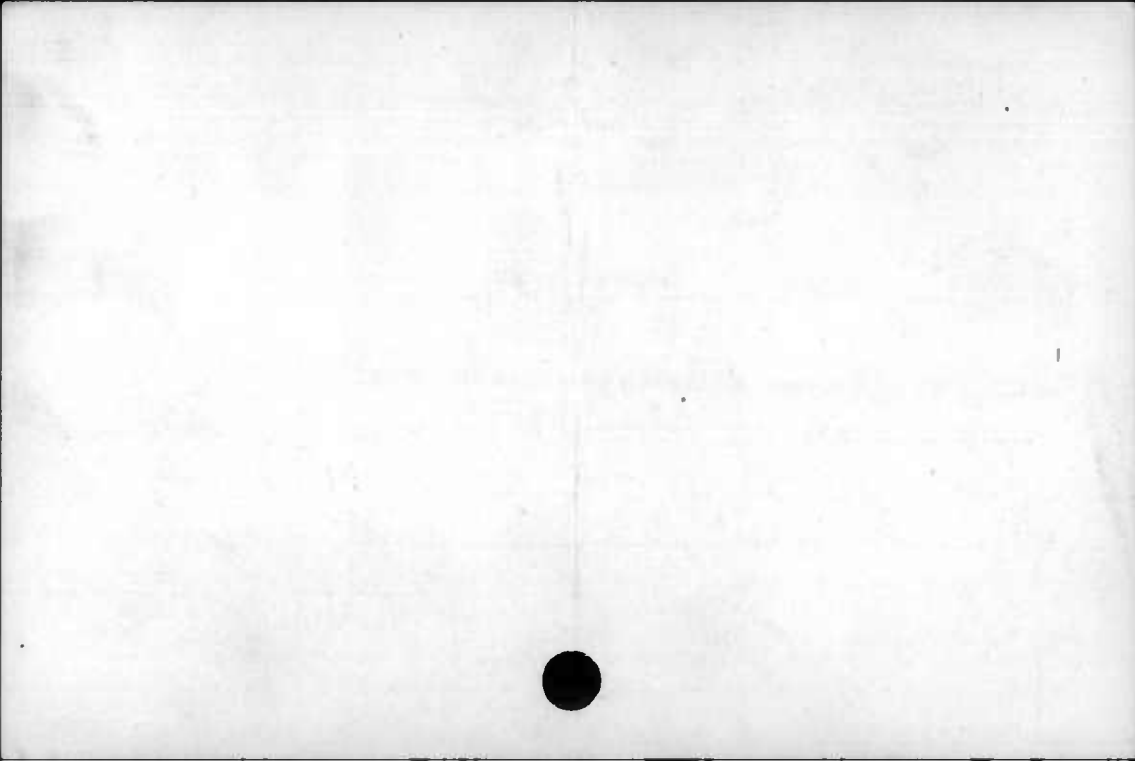
PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Acute nephritis</i>	How long <i>Ever since birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Chas. J. Fisher M.D.</i>
<i>Q</i>	Address <i>Princess Anne Ind.</i>
Accident or Suicide? <i>no</i>	



Name In Full		Whittington				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Marion Co				
		Date of death		1908	Month	July	Day	1
		Age		Years		Months	Days	
		Sex		Male		Birth-place	Marion	
		Occupation		Child		Where Residing if not at place of death		Marion Md
Married, Single or Widowed		Child		Name of Wife or Husband				
Father's Name		d H Whittington		Father's Birthplace		Marion La		
Mother's Maiden Name		Lennie Bronghore		Mother's Birthplace		Sameness		
Name of person giving information		Harry Whittington		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Transition Fever		How long		
		Immediate		General Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
		Address		Dr. J. B. Allen		Marion, Md		
Accident or Suicide?								

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Name  
in  
Full

Christine Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Marion		County Somerset		MARYLAND		
Date of death		1908	Month July	Day 29	Age 1	Years 1	Months 4	Days
Sex Female		Color or Race Black		Birth- place Somerset Co.				
Occupation Child				Where Residing if not at place of death				
Married, Single or Widowed Child		Name of Wife or Husband —						
Father's Name Garfield Young		Father's Birthplace Somerset Co.						
Mother's Maiden Name Oleson Ward		Mother's Birthplace Somerset Co.						
Name of person giving In formation Garfield Young		How related to deceased Father						

## CAUSES OF DEATH

How long

2 or 3 weeks

Primary

Typhoid Fever

Immediate

General debility

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Dr. J. G. B. Allen  
Marion  
M.d.

Accident or Suicide?

